

CLIENT DATA FORM

Client Profile Tab - Basic Information

PLEASE CHOOSE WHETHER THE CLIENT IS SINGLE OR MARRIED

☐ SINGLE☐ MARRIED

Contact Information		
	Client	Spouse
First Name		
Last Name		
Birth Date	____/____/____	____/____/____
Phone	() -	() -
Email		
Street Address		
City, State, Zip		

Client Profile Tab - Additional Information

Professional Contact Information			
Profession	Name	Email Address	Telephone
Accountant			() -
Estate Planning Attorney			() -
Other			() -

Other Information			
Question	Yes	No	Updated
Do you own health insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you own disability insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Have you named your beneficiaries?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a will?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a trust?	<input type="radio"/>	<input type="radio"/>	____/____/____

Any transaction that involves a recommendation to liquidate a securities product, including those within an IRA, 401(k) or other retirement plan, for the purchase of an annuity or for other similar purposes, can be conducted only by individuals currently affiliated with a properly registered broker/dealer or registered investment adviser. If your financial professional does not hold the appropriate registration, please consult with your own broker/dealer representative or investment adviser representative for guidance on your securities holdings.

Client Profile Tab - Additional Information Continued

Family Information	
Family Name	
Relationship	
Address	
Phone Number	
Email Address	
Emergency Contact	
Other Information	

[illegible]

Client Profile Tab - Goals

Goals

Retirement Goals	Date	Amount
	____/____/____	
	____/____/____	
	____/____/____	
	____/____/____	

Client Profile Tab - Notes

Software Tab 1 – Income

Employment Income

	Client 1	Client 2
Employer		
Current Gross Monthly Salary	\$	\$
Projected Annual Salary Increase %	%	%
Projected Retirement Date	____/____ <input type="checkbox"/> Retired	____/____ <input type="checkbox"/> Retired

Social Security Benefits

Owner	Start Age & Month	Life or End Age	Gross Monthly Benefit	Projected COLA Increase %
		<input type="checkbox"/> Life or	\$	%
		<input type="checkbox"/> Life or	\$	%
		<input type="checkbox"/> Life or	\$	%

Pension or Employer Sponsored Retirement Plan

Owner	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA Increase %	% to Survivor
		<input type="checkbox"/> Life or	\$	%	%
		<input type="checkbox"/> Life or	\$	%	%

Software Tab 2 - Assets

Retirement Assets

[illegible]

Retirement Assets Continued						
Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond, etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$

Single Premium Immediate Annuities								
Owner	Company	Tax Classification	Payout	Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Guaranteed Income Benefit Annuities								
Owner	Company	Tax Classification	Payout	Payout Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Additional Information	
	Amount
Projected Before Retirement Rate of Return	%
Projected After Retirement Rate of Return	%
Minimum Retirement Funds	\$
Desired Risk Level (Please reference the Risk Assessment Questionnaire below)	%

Software Tab 2 - Risk Assessment Button

TIME HORIZON - How much time, in years, can you let your Assets Earmarked for Retirement grow, before you will have to begin withdrawals?	Points
0-2 Years	0
3-5 Years	1
6-10 Years	2
11-12 Years	3
13+ Years	4
Answers to this question will help us determine how long you might leave your money before having to use it in retirement.	Total Points
APPROACH TO SAVINGS & RISK – How do you feel about Saving and Risk?	Points
I do not want to see my principal amount decrease.	0
I cannot afford a significant loss to principal regardless of interest earned.	1
As long as my rate of interest stays ahead of inflation, I don't want the exposure to non - guaranteed financial products.	2
If I can make a moderate rate of interest on my money, I can withstand some fluctuation.	3
I want the potential for higher returns and I am willing to take on some risk.	4
Answers to this question will help us determine your tolerance for risk.	Total Points
INTEREST EARNING - What would you consider reasonable interest earned on your assets earmarked for retirement?	Points
3% - 4%	0
4% - 6%	1
7% - 9%	2
9% - 11%	3
Greater than 11%	4
Answers to this question will help us determine your expectations for interest earned or rate of return.	Total Points
RISK TOLERANCE - You've just bought a financial product for \$100,000. You are exposed to the following best and worst case scenarios. Which possibility would you choose?	Points
Best Case = \$102,000 Increase = \$2,000 Worst Case = \$100,000 Decrease = \$0	0
Best Case = \$104,000 Increase = \$4,000 Worst Case = \$96,000 Decrease = \$4,000	1
Best Case = \$108,000 Increase = \$8,000 Worst Case = \$92,000 Decrease = \$8,000	2
Best Case = \$112,000 Increase = \$12,000 Worst Case = \$88,000 Decrease = \$12,000	3
Best Case = \$116,000 Increase = \$16,000 Worst Case = \$84,000 Decrease = \$16,000	4
Answers to this question will help us determine your risk tolerance.	Total Points

Software Tab 3 - Expenses**Monthly Expenses**

Current Monthly Expenses After Tax	Projected Inflation Rate
\$	%

Software Tab 3 – Advanced Monthly Budget Worksheet**Household**

Description	Monthly Amount	Inflation %	Start Date	End Date
Mortgage Principal & Interest	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Real Estate Taxes	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Homeowners Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Home Equity Loan	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Association Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Rent	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Renters Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Utilities – Gas – Electric	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Water – Sewer	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Cable – Phone – Internet	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Maintenance & Improvement	\$	%	___/___	<input type="checkbox"/> Life or ___/___
House Cleaning	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Daily Living

Description	Monthly Amount	Inflation %	Start Date	End Date
Food	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Dining Out	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Clothing	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Personal Care	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Healthcare & Insurance

Description	Monthly Amount	Inflation %	Start Date	End Date
Health Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Prescriptions	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Life Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Long Term Care Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Disability Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Veterinarian	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Transportation

Description	Monthly Amount	Inflation %	Start Date	End Date
Auto Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Auto Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Fuel	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Repairs	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Software Tab 3 – Advanced Monthly Budget Worksheet Continued

■ Debt & Obligations

Description	Monthly Amount	Inflation %	Start Date	End Date
Credit Cards	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Tuition – Student Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Alimony	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Child Support	\$	%	___/___	<input type="checkbox"/> Life or ___/___

■ Entertainment

Description	Monthly Amount	Inflation %	Start Date	End Date
Parties & Events	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Sports – Hobbies – Lessons	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Membership Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Vacation & Travel	\$	%	___/___	<input type="checkbox"/> Life or ___/___

■ Miscellaneous

Description	Monthly Amount	Inflation %	Start Date	End Date
Charitable Donations	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Gifts	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Other	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Future Cash Flows

Owner	Description	Mode (Annual/Monthly)	Type (Outflow/Inflow)	Taxation (Taxable/Non-Taxable)	Amount	% Change	Start Date	End Date
					\$	%	___/___	___/___
					\$	%	___/___	___/___
					\$	%	___/___	___/___
					\$	%	___/___	___/___

Software Tab 6 - Red Line Solutions Ranking

The analysis may show you running out of money during retirement. If this were to occur, how would you rank taking the following steps to help alleviate the red line? Use a scale of 1-6 where 1 would be the most desirable step and 6 the least desirable step.

Red Line Solutions Steps – Rank from 1-6	Ranking
Work Longer, Retire at a Later Date.	
Work a Second or Part Time Job After Retirement.	
Reduce Monthly Expenses.	
If Not Yet Retired, Increase Contributions to Retirement Savings.	
Reverse Mortgage.	
Look for Other Income Alternatives.	

Software Tab 7 - Life Insurance**Health Information**

Client	Smoker	Health Concerns
	Yes or No	
	Yes or No	

Existing Life Insurance Information

Owner	Company	Type (Term/Permanent)	Death Benefit	Monthly Premium	Cash Value	Policy End Date
			\$	\$	\$	<input type="checkbox"/> Life or ____/____
			\$	\$	\$	<input type="checkbox"/> Life or ____/____
			\$	\$	\$	<input type="checkbox"/> Life or ____/____

Software Tab 8 - Long Term Care**Existing Long-Term Care Coverage Information**

Owner	Company	Type (Cash/Reimbursement)	Start Date	Daily Benefit	Years	Inflation (Simple/Compound)	Inflation %	Monthly Premium
			____/____/____	\$			%	\$
			____/____/____	\$			%	\$

Client Signatures

I hereby attest that the information on this Client Data Form has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your retirement software to create my retirement analysis. I understand fixed-only licensed insurance agents may not suggest the sale of an insurance product based upon the sale or liquidation of securities products. Proper registered registrations are required for such recommendations and sales. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement. The financial professional providing the analysis does not provide tax or legal advice. Prior to making any financial decisions consumers should obtain tax or legal advice from a qualified professional.

Client: _____ Date: _____

Client: _____ Date: _____

Agent: _____ Date: _____