

Retirement Foundations

Personal Information

Client Prefix Mr. Mrs. Ms. Dr. Name _____
 Birth Date (mm/dd/yyyy) ___ / ___ / ____ Gender M F Phone: (____) _____ - _____
 Email Address _____
 Address _____

City _____ State _____ Zip _____ - _____

Spouse/Partner Prefix Mr. Mrs. Ms. Dr. Name _____
 Birth Date (mm/dd/yyyy) ___ / ___ / ____ Gender M F Phone: (____) _____ - _____
 Email Address _____

Relationships

Name	Birth Date	Gender	Dependent	Age Dependency Ends	Relationship Type*	Relationship to Whom**
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
_____	___ / ___ / ____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

*Aunt, Brother, Brother-in-Law, Cousin, Daughter, Daughter-in-Law, Divorced Spouse, Father, Father-in-Law, Fiancee, Friend, Godchild, Godfather, Godmother, Granddaughter, Grandfather, Grandmother, Grandson, Mother, Mother-in-Law, Nephew, Niece, Sister, Sister-in-Law, Son, Son-in-Law, Stepdaughter, Stepfather, Stepmother, Stepson, Uncle

**Client, Spouse/Partner, Both

Input

Provide the requested information about your retirement goals and retirement income resources.

	Client	Co-Client
What is your current annual earned income (before tax)?	\$ _____	\$ _____
At what age do you want to retire?	_____	_____
What amount would you like to spend annually during retirement (today's dollars)?	\$ _____	
Are you covered by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Retirement Plans (Client)

	Description	Current Balance	Annual Personal Cont.	Annual Employer Cont.	Cont. Increase Rate	Year Cont. Begins	Years Cont. Lasts	Plan Type*
Asset 1	_____	\$ _____	\$ _____	\$ _____	_____%	_____	_____	_____
Asset 2	_____	\$ _____	\$ _____	\$ _____	_____%	_____	_____	_____
Asset 3	_____	\$ _____	\$ _____	\$ _____	_____%	_____	_____	_____

Retirement Plans (Co-Client)

Asset 1	_____	\$ _____	\$ _____	\$ _____	_____%	_____	_____	_____
Asset 2	_____	\$ _____	\$ _____	\$ _____	_____%	_____	_____	_____
Asset 3	_____	\$ _____	\$ _____	\$ _____	_____%	_____	_____	_____

*401(k), 457, 403(b), Traditional IRA, Roth IRA, Roth 401(k), SIMPLE, SEP, Annuity, Profit Sharing, Money Purchase, After-tax, Other

Other Assets for Retirement	Description	Tax Treatment			Current Balance
Asset 1	_____	<input type="checkbox"/> Taxed	<input type="checkbox"/> Tax Free	<input type="checkbox"/> Tax Deferred	\$ _____
Asset 2	_____	<input type="checkbox"/> Taxed	<input type="checkbox"/> Tax Free	<input type="checkbox"/> Tax Deferred	\$ _____
Asset 3	_____	<input type="checkbox"/> Taxed	<input type="checkbox"/> Tax Free	<input type="checkbox"/> Tax Deferred	\$ _____

Other Income During Retirement

	Description	Annual Income (Before Tax)	Years Until Income Begins	Years Income Continues	Rate Income Increases Annually	Percent Taxable
Income 1	_____	\$ _____	_____	_____	_____%	_____%
Income 2	_____	\$ _____	_____	_____	_____%	_____%
Income 3	_____	\$ _____	_____	_____	_____%	_____%

Assumptions

Provide the requested information about your retirement goals and retirement income resources.

	Client	Co-Client
At what age do you want to assume your retirement will end?	_____	_____
What annual inflation rate do you want to assume?		_____ %
What effective income tax rate (state & federal) do you want to assume?		_____ %
What portion of your Social Security is subject to taxation?		_____ %
At what rate does your Social Security index with inflation?		_____ %
	Pre-Retirement	During Retirement
What annual rate of return (before tax) do you want to assume?	_____ %	_____ %

Additional Contribution Amount

If needed to fund a shortfall, how much more could you invest toward retirement each month? \$ _____

What tax treatment of these contributions would you like to assume? (select one)

Taxed

Tax Deferred

Tax Free

NOTES:
