

RETIREMENT PRESCREENING QUESTIONS

Name _____

This isn't an all inclusive inventory but it provides enough information to assess your financial situation & identify any gaps that may need to be filled to create a high level retirement plan and potential strategies to help address your future needs.

BASIC INFORMATION

What age(s) do you want to retire?	You _____ Spouse _____	Do you have a Living Will?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date last reviewed or updated? _____
Do you have a Will?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date last reviewed or updated? _____	Do you have a Power of Attorney?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date last reviewed or updated? _____

Assets

Total Checking & Savings <i>(only provide if you have a significant balance in one that is not used to live off of or operating accounts)</i>	\$
Home estimated market value	\$
Home current mortgage amount and rate	\$
Inheritance <i>(estimate how much potentially you will receive and when - this may or may not be used in calculations)</i>	\$
Other <i>(anything with significant value such as rental homes - total market value versus mortgage amounts plus rates)</i>	\$
Total Debt <i>(other than your mortgage and only what is not paid off every month)</i>	\$

Retirement Accounts (IRA's, 401K, SEP, Roth's & Deferred Comp) & Non Retirement Account Savings

ACCOUNT TYPE/NAME	CUSTODIAN	CURRENT VALUE	ANNUAL CONTRIBUTION	OWNER

Investment Accounts

TYPE	CURRENT VALUE	ANNUAL CONTRIBUTION	OWNER

RETIREMENT INCOME

What age(s) do you plan to take Social Security?	You _____ Spouse _____	Monthly Amount (using any past SS statement or estimate)	You _____ Spouse _____
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OTHER RETIREMENT INCOME

Pension <i>(Personal and/or employer)</i>	\$
Rental property <i>(if you plan to keep the rental property through retirement - if not, identify when you plan to liquidate)</i>	\$
Additional Wages or Income	\$

ANNUAL RETIREMENT EXPENSE

A general understanding of what the total is for each - if you need an example of the difference, contact your advisor. What is 'essential' differs from person to person.

Essential Costs	\$	Non-Essential Costs	\$
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Elderly Relatives

Age	Will?	Living Will?	Power of Attorney?	Long-term care?	Life insurance? If yes, list amount	Enough income / assets to sustain them for life?	Agreed upon plan for when they can no longer take care of themselves?
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Education Funding

Name/Savings Type	Goal	Annual Amount	Target Start Date	Target End Date	Monthly Savings

Life Insurance

	POLICY 1	POLICY 2	POLICY 3
Policy Type (Term, UL, WL, Var.)			
Current Death Benefit			
Current Cash Value			
Annual Premium			
Years to Pay Premium			
Years of Death Benefit Left			
Tied to Employment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Long-Term Care Insurance

	POLICY 1	POLICY 2	POLICY 3
Policy Name			
Policy Features			
Insured			
Benefit Amount/Frequency			
Annual Premium			

What if any healthcare insurance plans you have for after retirement?

Anything else you would like to add/discuss?