PlanningStation

Retirement Foundations

Personal Information

First Name ____________________ Middle __________ Last ________________________________

Birth Date (mm/dd/yyyy) _____ /_____ /__________ Gender: **Male** **Female**

Address ____

____

City ______________________________________ State _____ Zip ____________-__________

Phone Number (______) ______-__________ Best Time to Call ___________________________

Email Address ______________________________________

Spouse Information

First Name ____________________ Middle ________ Last ________________________________

Birth Date (mm/dd/yyyy) _____ /_____ /__________ Gender: **Male** **Female**

Address ____

____

City ______________________________________ State _____ Zip ____________-__________

Phone Number (______) ______-__________ Best Time to Call ___________________________

Email Address ______________________________________

Dependents

First Name	Middle Name	Last Name	Birth Date (mm/dd/yyyy)	Gender (M/F)

Input

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

	Client	Spouse
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)?	$____________	

	Client	Spouse
Are you covered by Social Security?	❑ Yes ❑ No	❑ Yes ❑ No

Retirement Plans for Client

	Asset 1	Asset 2	Asset 3
Plan type (check one)	❑ 401(k) ❑ 457 ❑ 403(b) ❑ Traditional IRA ❑ Roth IRA ❑ Simple ❑ SEP ❑ Annuity ❑ Profit Sharing ❑ Money Purchase ❑ After-Tax ❑ Other	❑ 401(k) ❑ 457 ❑ 403(b) ❑ Traditional IRA ❑ Roth IRA ❑ Simple ❑ SEP ❑ Annuity ❑ Profit Sharing ❑ Money Purchase ❑ After-Tax ❑ Other	❑ 401(k) ❑ 457 ❑ 403(b) ❑ Traditional IRA ❑ Roth IRA ❑ Simple ❑ SEP ❑ Annuity ❑ Profit Sharing ❑ Money Purchase ❑ After-Tax ❑ Other
Description	____________	____________	____________
Current balance	$____________	$____________	$____________
Annual personal contribution	$____________	$____________	$____________
Annual employer contribution	$____________	$____________	$____________
Contribution increase rate	__________%	__________%	__________%

Retirement Plans for Spouse

	Asset 1	Asset 2	Asset 3
Plan type (check one)	❑ 401(k) ❑ 457 ❑ 403(b) ❑ Traditional IRA ❑ Roth IRA ❑ Simple ❑ SEP ❑ Annuity ❑ Profit Sharing ❑ Money Purchase ❑ After-Tax ❑ Other	❑ 401(k) ❑ 457 ❑ 403(b) ❑ Traditional IRA ❑ Roth IRA ❑ Simple ❑ SEP ❑ Annuity ❑ Profit Sharing ❑ Money Purchase ❑ After-Tax ❑ Other	❑ 401(k) ❑ 457 ❑ 403(b) ❑ Traditional IRA ❑ Roth IRA ❑ Simple ❑ SEP ❑ Annuity ❑ Profit Sharing ❑ Money Purchase ❑ After-Tax ❑ Other
Description	____________	____________	____________
Current balance	$____________	$____________	$____________
Annual personal contribution	$____________	$____________	$____________
Annual employer contribution	$____________	$____________	$____________
Contribution increase rate	_________%	_________%	_________%

Other Assets for Retirement

	Asset 1	Asset 2	Asset 3
Description	____________	____________	____________
Current balance	$____________	$____________	$____________

Other Income During Retirement

	Source 1	Source 2	Source 3
Description	____________	____________	____________
Annual income (before tax)	$____________	$____________	$____________
Years until income begins	__________	__________	__________
Years income continues	__________	__________	__________
Rate income increases annually	________%	________%	________%
Percent taxable	________%	________%	________%

Assumptions

	Client	Spouse
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? (check one)

- ❑ Taxed
- ❑ Tax Deferred
- ❑ Tax Free

NOTES: ____