

Sheri Lucas, RICP®, AIF®
Investment Planner
Branch Owner

Kristina Gilley, CFP®
Investment Planner
Registered Representative

Dana Krutka
Client Care Manager
Registered Representative

Retirement Goal Planning Questionnaire

Please include the following items that apply to you:

- ☐ Federal Income Tax Return (include dividend & capital gains schedules)
- ☐ Investment / Brokerage / Bank Statement(s)
- ☐ Annuity / Insurance Statement(s) (life, disability, long term care)
- ☐ Company Pension Plan Payout Options (Survivor Benefit Choices)
- ☐ Employer retirement plan statement(s) & options available to you currently
- ☐ Severance Package Details
- ☐ Social Security statement(s)
- ☐ Deferred Compensation / Stock Option Statement(s)
- ☐ Other statements / Documents that will complete your financial picture

Notes:

Check the items most important to you:

- | | |
|---|---|
| <input type="checkbox"/> Choosing an investment advisory team | <input type="checkbox"/> IRA withdrawal strategies if under age 59.5 |
| <input type="checkbox"/> IRA Rollover from Employer Plans | <input type="checkbox"/> Charitable Gift Strategies |
| <input type="checkbox"/> Income needs from investments | <input type="checkbox"/> Roth IRA Conversion Strategies |
| <input type="checkbox"/> Investment Portfolio X-Ray | <input type="checkbox"/> Capital Gains Tax Planning |
| <input type="checkbox"/> Education/Gift Strategies | <input type="checkbox"/> Long Term Care Planning |
| <input type="checkbox"/> Life Insurance Review | <input type="checkbox"/> Estate Planning |
| <input type="checkbox"/> Medicare Planning | <input type="checkbox"/> Social Security Maximization |
| <input type="checkbox"/> Employee Stock Option strategies | <input type="checkbox"/> Pension Payout Options (Lump-Sum vs. Payments) |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

	Client (C)	Co-Client (Co)
Name		
Date of Birth		
Address		
Phone Number		
Email		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Presently Not Working	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Presently Not Working
If retired, what year?		
Employer, most recent if retired		
Employer Address		
Occupation		
Employment Income	\$	\$
Target Retirement Age/Date		

Children, Grandchildren & Heirs		
Name	Relationship	Date of Birth

RISK TOLERANCE

On a scale of 1 to 10 (1=lowest, 10=highest), how would you rate your willingness to take risk with your investments?

Client _____ Co-Client _____

ESSENTIAL LIVING EXPENSES IN RETIREMENT

The amount required to cover your essential needs (e.g., housing, utilities, food, transportation, property taxes, etc.)

Approximately how much will you need to meet your essential living expenses?

\$ _____ ☐ Month ☐ Year ☐ I'm not sure. Use an estimate for now.

If one spouse retires before the other, will withdrawals from savings be needed to meet expenses?

☐ Yes \$ _____ ☐ Month ☐ Year ☐ No

Will you have employer-sponsored healthcare in retirement? ☐ Yes ☐ No

RETIREMENT GOAL BUILDER

This is the fun part about the Retirement-Income planning process. Spending beyond basic retirement living expenses can make retirement enjoyable. Take time to think about the purchases and activities that will make retirement satisfying for you.

Goal	Needs, Want or Wish?	How Often?	Amount
<i>Travel</i>	<input type="checkbox"/> Need <input type="checkbox"/> Want <input type="checkbox"/> Wish		\$
<i>Car</i>	<input type="checkbox"/> Need <input type="checkbox"/> Want <input type="checkbox"/> Wish		\$
<i>Second Home</i>	<input type="checkbox"/> Need <input type="checkbox"/> Want <input type="checkbox"/> Wish		\$
<i>Gift/College</i>	<input type="checkbox"/> Need <input type="checkbox"/> Want <input type="checkbox"/> Wish		\$
<i>Other:</i>	<input type="checkbox"/> Need <input type="checkbox"/> Want <input type="checkbox"/> Wish		\$
<i>Other:</i>	<input type="checkbox"/> Need <input type="checkbox"/> Want <input type="checkbox"/> Wish		\$

SOCIAL SECURITY RETIREMENT BENEFITS

To obtain an estimate of your Social Security benefits go to ssa.gov/myaccount/

	Client (C)	Co-Client (Co)
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now
Benefit Amount at full retirement age	\$	\$
When will you start collecting?	<input type="checkbox"/> When I retire <input type="checkbox"/> At Age _____	<input type="checkbox"/> When I retire <input type="checkbox"/> At Age _____

RETIREMENT INCOME SOURCES

List any pensions, rental income, part-time work, inheritance, etc.

Description	(C)	(Co)	Amount % or \$	Starts	Ends	Survivor Pension
						%
						%
						%
						%
						%

INVESTMENT ASSETS & SAVINGS

List any investment assets held outside of Raymond James. Include employer retirement plans, IRAs, brokerage accounts, etc.

Account Description Include account type & where it is held	Client			Co-Client		
	Current Value	Annual Additions	Employer Additions	Current Value	Annual Additions	Employer Additions
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		
	\$			\$		

Please list any other assets (nonfinancial) such as home, business, collectibles, investment properties, etc.

Asset Description	Owner	Current Value
<i>Home</i>		\$
		\$
		\$
		\$

LIABILITIES

List any loans/debt (e.g. home mortgage, home equity, credit cards, education, etc.) Fill out or provide statements.

Loan	Balance	% Rate	Term Remaining	Monthly Payment
	\$			
	\$			
	\$			
	\$			