RAYMOND JAMES
Securities offered through
Raymond James Financial Services, Inc. Member FINRA/SIPC

AWP
ASPIRE
Wealth Planning

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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:

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Check the items most important to you:

- ☐ Choosing an investment advisory team
- ☐ IRA Rollover from Employer Plans
- ☐ Income needs from investments
- ☐ Investment Portfolio X-Ray
- ☐ Education/Gift Strategies
- ☐ Life Insurance Review
- ☐ Medicare Planning
- ☐ Employee Stock Option strategies
- ☐ Other:

- ☐ IRA withdrawal strategies if under age 59.5
- ☐ Charitable Gift Strategies
- ☐ Roth IRA Conversion Strategies
- ☐ Capital Gains Tax Planning
- ☐ Long Term Care Planning
- ☐ Estate Planning
- ☐ Social Security Maximization
- ☐ Pension Payout Options (Lump-Sum vs. Payments)
- ☐ Other:

	Client (C)	Co-Client (Co)
Name		
Date of Birth		
Address		
Phone Number		
Email		
Employment Status	☐ Employed ☐ Retired ☐ Business Owner ☐ Homemaker ☐ Presently Not Working	☐ Employed ☐ Retired ☐ Business Owner ☐ Homemaker ☐ 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
Travel	☐ Need ☐ Want ☐ Wish		$
Car	☐ Need ☐ Want ☐ Wish		$
Second Home	☐ Need ☐ Want ☐ Wish		$
Gift/College	☐ Need ☐ Want ☐ Wish		$
Other:	☐ Need ☐ Want ☐ Wish		$
Other:	☐ Need ☐ Want ☐ 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?	☐Yes ☐No ☐Receiving Now	☐Yes ☐No ☐Receiving Now
Benefit Amount at full retirement age	$	$
When will you start collecting?	☐When I retire ☐At Age_____	☐When I retire ☐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
Home		$
		$
		$
		$

LIABILITES

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
	$			
	$			
	$			
	$			