
GPM

GOAL PLANNING & MONITORING QUESTIONNAIRE



IT'S AS EASY AS 1, 2, 3:

1. Complete this questionnaire and return it to Kelly
2. We create your custom GPM report and review it with you for accuracy
3. Access your GPM *Play Zone* (through Investor Access) to view various scenarios.

Client

Name: _____

Date of Birth: _____

Estimated Retirement Age: _____

Approximate Net Worth: _____

Co-Client

Name: _____

Date of Birth: _____

Estimated Retirement Age: _____

Approximate Net Worth: _____

YOUR FINANCIAL INVENTORY

STEP 1 Determine your retirement living expenses.

What do you project your living expenses will be in retirement? Give a general estimate of your essential expenses (needs) and nonessential expenses (wants) and circle whether the estimate is annual or monthly. If you need a detailed budget worksheet, we can provide one for you.

Needs:

Annual or Monthly

\$ _____

Wants:

Annual or Monthly

\$ _____

STEP 2 Determine other retirement goals, and determine if they are a need or a want.

What major expenditures are you planning on in retirement?

Expenditure	Need or Want? (Circle one)	When?	Projected Amount
New car	<input type="checkbox"/> Need <input type="checkbox"/> Want		\$
Major travel	<input type="checkbox"/> Need <input type="checkbox"/> Want		\$
Other	<input type="checkbox"/> Need <input type="checkbox"/> Want		\$
Other	<input type="checkbox"/> Need <input type="checkbox"/> Want		\$

Do you have plans to support or save to benefit others in retirement?

Expenditure	Need or Want? (Circle one)	Frequency (One time, annual, every __ years)	Cost
Education	<input type="checkbox"/> Need <input type="checkbox"/> Want		\$
Family support	<input type="checkbox"/> Need <input type="checkbox"/> Want		\$
Legacy	<input type="checkbox"/> Need <input type="checkbox"/> Want		\$
Charity	<input type="checkbox"/> Need <input type="checkbox"/> Want		\$

STEP 3 Look at your expected monthly income sources.

Income	Year Ends	Monthly
Social Security (Receiving now? <input type="checkbox"/> Yes or at age _____)		\$
Social Security (Receiving now? <input type="checkbox"/> Yes or at age _____)		\$
Pension payments		\$
Employment income		\$
Current annuity income*		\$
Other		\$
Total Monthly Income		\$ 0
Total Annual Income		\$ 0

*Income stream you receive from an annuity

STEP 4 Review and list all of your assets.

Indicate which of your financial assets are available and designated for funding your retirement.

Financial Assets	Owner	Designated for Retirement?	Additions/Year (Annual Contribution)	Current Value
Checking account 1		<input type="checkbox"/>	\$	\$
Checking account 2		<input type="checkbox"/>	\$	\$
Bank savings/deposits		<input type="checkbox"/>	\$	\$
CDs		<input type="checkbox"/>	\$	\$
Brokerage account 1		<input type="checkbox"/>	\$	\$
Brokerage account 2		<input type="checkbox"/>	\$	\$
College savings/529		<input type="checkbox"/>	\$	\$
401(k) 1		<input type="checkbox"/>	\$	\$
401(k) 2		<input type="checkbox"/>	\$	\$
IRA 1		<input type="checkbox"/>	\$	\$
IRA 2		<input type="checkbox"/>	\$	\$
Roth IRA 1		<input type="checkbox"/>	\$	\$
Roth IRA 2		<input type="checkbox"/>	\$	\$
Annuity assets**		<input type="checkbox"/>	\$	\$
Other		<input type="checkbox"/>	\$	\$
Total Financial Assets			\$ 0	\$ 0

**Annuities you own that have not already been included in the account values or income sources you listed

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

Other Assets	Owner	Value
Residence		\$
Business		\$
Other		\$
Total Other Assets		\$ 0

STEP 5 Risk Tolerance

What type of investor are you? Select one description based upon your willingness to accept investment risk.

Conservative
 Moderately Conservative
 Moderate
 Moderately Aggressive
 Aggressive



STEP 6 Key risk management considerations that may impact your retirement.

If you are unsure whether you have planned or saved enough for each item, please indicate "No" so that we can have a more detailed discussion.

Do you have an adequate cash reserve in place in case of emergency or for the unexpected expenses throughout retirement? Yes No
Amount: _____

Do you have life insurance policies in place to provide for your survivors?
If "Yes," provide date(s) of issue: _____ Yes No
Amount: _____
Your policies can be reviewed by our experts at no cost.

Do you have a long-term care policy in place to cover in-home or out-of-home assisted living expenses? Yes No
Amount: _____

NEXT STEPS

For our next meeting, please bring the following items:

<input type="checkbox"/>	Statements from pensions or other employer-benefit income that you receive
<input type="checkbox"/>	Social Security statement(s) or check stub(s)
<input type="checkbox"/>	Most recent federal income tax return
<input type="checkbox"/>	Statements from bank accounts (summary pages)
<input type="checkbox"/>	Statements from investment/brokerage accounts
<input type="checkbox"/>	Statements from retirement accounts and employer-sponsored benefit programs (401(k), 403(b), 457, etc.)
<input type="checkbox"/>	Statements from annuities you own
<input type="checkbox"/>	Other _____

Once you have completed your financial inventory, we'll have a thorough understanding of how your assets, insurance policies, needs and wants will work together in retirement. That, in turn, will help us create a personalized retirement income plan that takes into account all of these important factors.

RAYMOND JAMES®

The Oberlin Group

www.oberlingroup.com

2060 East Paris Ave SE Suite 250 // Grand Rapids, MI 49546
T 616.974.3003 // T 800.451.0479 // F 616.974.3366
kelly.bergsma@raymondjames.com