

I. Personal Data

Client Info: Enter all client info below for both clients on the retirement income plan.

Today's Date

Client

Referred By

First Name Middle Name Last Name

Social Security # Date of Birth Email Address (Main)

Additional Client

First Name Middle Name Last Name

Social Security # Date of Birth Email Address

Street Address City State

Zip Code Home Phone Mobile Phone

Employment Data (If currently employed):

Employer #1

Employer Name Position

Street Address City State

Zip Code Business Phone

Employer #2

Employer Name Position

Street Address City State

Zip Code Business Phone

Family Data: Please list the children of both clients and their associated data.

(1) First Name Last Name Married Natural Step-Child

Address SSN Date of Birth

(2) First Name Last Name Married Natural Step-Child

Address SSN Date of Birth

(3) First Name Last Name Married Natural Step-Child

Address SSN Date of Birth

(4) First Name Last Name Age Married Natural Step-Child
 Address SSN Date of Birth

(5) First Name Last Name Age Married Natural Step-Child
 Address SSN Date of Birth

(6) First Name Last Name Age Married Natural Step-Child
 Address SSN Date of Birth

Legal Data:

Do you have a will? Yes No

If yes, check all that apply: Living Simple Joint

Who has Medical Power of Attorney?

Who has Financial Power of Attorney?

Attorney Name

Do you have trusts? Yes No

(1) Trust Type: Living Testamentary Special Needs Trust for Minors Other (explain)

Trustee Name

Additional Trustee Name(s)

(2) Trust Type: Living Testamentary Special Needs Trust for Minors Other (explain)

Trustee Name

Additional Trustee Name(s)

Additional Notes

II. Retirement Goals and Objectives

Retirement Date:

(1) Client Desired Retirement Date Full or Partial Retirement? If partial, full date?

(2) Client Desired Retirement Date Full or Partial Retirement? If partial, full date?

Legacy & Principal Preservation: Do you wish to have a balance at the end of the plan?

Yes No If Yes, how much? \$

Desired Monthly Income:

Do you have a beginning monthly income goal (net of taxes)? Yes No If yes, what amount? \$

If no, see the Income & Expenses worksheet for calculation detail.

Family Obligations: i.e., special needs child, loans to be paid back, helping grandchildren, etc.

(1) Description	<input type="text"/>	Amount \$	<input type="text"/>	Time frame	<input type="text"/>
(2) Description	<input type="text"/>	Amount \$	<input type="text"/>	Time frame	<input type="text"/>
(3) Description	<input type="text"/>	Amount \$	<input type="text"/>	Time frame	<input type="text"/>

Lump Sum Expenditures: i.e. new car purchases, additional real estate, etc.

(1) Description	<input type="text"/>	Amount \$	<input type="text"/>	Time frame	<input type="text"/>
(2) Description	<input type="text"/>	Amount \$	<input type="text"/>	Time frame	<input type="text"/>
(3) Description	<input type="text"/>	Amount \$	<input type="text"/>	Time frame	<input type="text"/>

Lump Sum Receipts: i.e. inheritances, property sales, etc.

(1) Description	<input type="text"/>	Amount \$	<input type="text"/>	When	<input type="text"/>
Should this be included as an asset available for providing income? Yes No					
(2) Description	<input type="text"/>	Amount \$	<input type="text"/>	When	<input type="text"/>
Should this be included as an asset available for providing income? Yes No					
(3) Description	<input type="text"/>	Amount \$	<input type="text"/>	When	<input type="text"/>
Should this be included as an asset available for providing income? Yes No					

III. Financial Profile

Taxable Accounts: Taxable accounts include any personal savings, including funds held in investment accounts, money markets, CDs, bank savings and checking, etc.

Owner	Account Type	Company/Bank	Investment Type	Available for income?	Amount
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$

Total Taxable Assets: _____

Qualified Accounts: Qualified accounts include any retirement savings, including employer retirement plan (401k, 403b), IRAs, Inherited IRAs, Roth IRAs, small business retirement accounts, etc.

Owner	Account Type	Company/Bank	Investment Type	Available for income?	Amount
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$
				<input type="checkbox"/>	\$

Total Qualified Assets: _____

Total Investable Assets: _____

Additional Notes

Additional Sources of Income: i.e. Social Security Primary Insurance Amount (PIA), pension, annuities, rental income, etc.

Owner	Description	When does it begin?	For how long?	Monthly Income
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Total Other Income: _____

Investment Profile: This data may be informative in choosing the types of investments used to fund the income plan segments and relative risk assumptions.

Have you ever had a professional portfolio review done? Yes No

What is the overall rate of return on your current investments?

How did you choose the investments that you currently hold?

Are there any products or investments that you prefer?

Are there any products or investments that you dislike?

Have you worked with a financial advisor before? How many?

Are there any individuals or professionals that you would like to review your retirement income plan?

Is there any other information you would like to share about your investments or investment history?

IV. Insurance Information

Annuities:

(1) Owner Name Company Name

Annuity Type: Variable (VA) Fixed (MYGA) Equity Indexed (EIA) Longevity (DIA) Single Premium Immediate (SPIA)

Rider, if applicable: Income Long Term Care Death Benefit Other (explain)

Surrender charge (If applicable) % Issue Date Current Value \$

How did you select?

How are death benefits calculated?

Beneficiary on Death, if applicable

(2) Owner Name Company Name

Annuity Type: Variable (VA) Fixed (MYGA) Equity Indexed (EIA) Longevity (DIA) Single Premium Immediate (SPIA)

Rider, if applicable: Income Long Term Care Death Benefit Other (explain)

Surrender charge (If applicable) % Issue Date Current Value \$

How did you select?

How are death benefits calculated?

Beneficiary on Death, if applicable

(3) Owner Name Company Name

Annuity Type: Variable (VA) Fixed (MYGA) Equity Indexed (EIA) Longevity (DIA) Single Premium Immediate (SPIA)

Rider, if applicable: Income Long Term Care Death Benefit Other (explain)

Surrender charge (If applicable) % Issue Date Current Value \$

How did you select?

How are death benefits calculated?

Beneficiary on Death, if applicable

Life Insurance:

(1) Insured's Name Company

Insurance Type: Term Whole Life Universal Life Variable Universal Life Indexed Variable Life

If term, what is the expiration date? Purpose of Insurance

Death Benefit \$ How did you determine the death benefit?

Annual Premium \$ Owned by Trust? Yes No If yes, which trust?

(2) Insured's Name Company

Insurance Type: Term Whole Life Universal Life Variable Universal Life Indexed Variable Life

If term, what is the expiration date? Purpose of Insurance

Death Benefit \$ How did you determine the death benefit?

Annual Premium \$ Owned by Trust? Yes No If yes, which trust?

(3) Insured's Name Company

Insurance Type: Term Whole Life Universal Life Variable Universal Life Indexed Variable Life

If term, what is the expiration date? Purpose of Insurance

Death Benefit \$ How did you determine the death benefit?

Annual Premium \$ Owned by Trust? Yes No If yes, which trust?

Additional Notes

V. Real Estate

Personal Residence

Date Purchased Purchase Price Current Value Loan Balance
 Amount Financed Loan Start Date Paid off Date Loan Rate %
 Mortgage Rate Type: Variable Fixed Payment (PI) Taxes Insurance
 Date of Planned Sale:

Additional Property

(1) Type Single Unit Multi-Unit Residential Rental Commercial Vacation
 Date Purchased Purchase Price Current Value Loan Balance
 Amount Financed Loan Start Date Paid off Date Loan Rate %
 Mortgage Rate Type: Variable Fixed Payment (PI) Taxes Insurance
 Monthly Income Date it first became an income property Date of Planned Sale:

(2) Type Single Unit Multi-Unit Residential Rental Commercial Vacation
 Date Purchased Purchase Price Current Value Loan Balance
 Amount Financed Loan Start Date Paid off Date Loan Rate %
 Mortgage Rate Type: Variable Fixed Payment (PI) Taxes Insurance
 Monthly Income Date it first became an income property Date of Planned Sale:

(3) Type Single Unit Multi-Unit Residential Rental Commercial Vacation
 Date Purchased Purchase Price Current Value Loan Balance
 Amount Financed Loan Start Date Paid off Date Loan Rate %
 Mortgage Rate Type: Variable Fixed Payment (PI) Taxes Insurance
 Monthly Income Date it first became an income property Date of Planned Sale:

Additional Notes

VI. Income/Expense Sheet

This balance sheet helps individuals determine their standard of living expenses and provide a better idea of their desired monthly income in retirement. This exercise may also help them prioritize their retirement goals and agree on what expenses they may need to reduce in retirement depending on the income that their IncomeConductor plan can produce given their investment assets and risk profile.

EXPENSES

These are expenses that remain the same from month to month.

	Non-Discretionary Expenses (Fixed)	Current	At Retirement	Notes
1	Rent/Mortgage (PITI)	\$	\$	
2	Phone(s)	\$	\$	
3	Cable (TV, Internet)	\$	\$	
4	Water	\$	\$	
5	Sewer	\$	\$	
6	Trash	\$	\$	
7	Auto Insurance	\$	\$	
8	Life Insurance	\$	\$	
9	Health Insurance	\$	\$	
10	Other Insurance	\$	\$	
11	Other Fixed Expenses	\$	\$	

Total Fixed Expenses: _____

These are expenses that may vary from month to month. Estimate an annual expense regardless of frequency.

	Non-Discretionary Expenses (Variable)	Current	At Retirement	Notes
12	Groceries	\$	\$	
13	Work Lunches	\$	\$	
14	Clothing	\$	\$	
15	Dry Cleaning	\$	\$	
16	Electricity	\$	\$	
17	Heat	\$	\$	
18	Auto - Gas & Repairs	\$	\$	
19	Doctor/Drugs	\$	\$	
20	Dentist	\$	\$	
21	Home Repairs	\$	\$	
22	Child Care	\$	\$	
23	Other Variable Expenses	\$	\$	

Total Variable Expenses: _____

	Discretionary Expenses	Current	At Retirement	Notes
24	Entertainment:			
	Restaurants	\$	\$	
	Liquor	\$	\$	
	Books & Magazines	\$	\$	
	Hobbies	\$	\$	
	Amusements	\$	\$	
	Club Dues	\$	\$	
25	Charitable Donations (Incl. church)	\$	\$	
26	Education	\$	\$	
27	Gifts (incl. holidays, birthdays)	\$	\$	
28	Vacations/Travel	\$	\$	
29	Deposits to Savings	\$	\$	
30	Contributions to 401k, Keogh, IRA, 403b	\$	\$	
31	Other	\$	\$	

Total Discretionary Expenses: _____

Additional Debt Expense should be noted as if it is being paid off on a monthly basis.

	Debt Service	Current	At Retirement	Notes (Balance, % rate, Paid off date)
32	Total non-mortgage consumer debt	\$	\$	
33	Other personal debt	\$	\$	

Total Debt: _____

TOTAL EXPENSES: _____

INCOME (Net of Taxes)	Current	At Retirement	Notes
Client 1			
Salary/Pension	\$	\$	
Social Security	\$	\$	
Client 2			
Salary/Pension	\$	\$	
Social Security	\$	\$	
Other (Part time work, rental, etc.)	\$	\$	

Total Income: _____

Total Expenses: _____

Difference: _____

Additional Notes