

**Retirement Analyzer**

**Client Data Form Single**

**Basic Information**

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| **Contact Information** | |
|  | Client |
| First Name |  |
| Last Name |  |
| Birth Date | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Phone | ( ) - |
| Email |  |
| Street Address |  |
| City, State, Zip |  |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Contact Information** | | | |
| Profession | Name | Email Address | Telephone |
| Accountant |  |  | ( ) - |
| Estate Planning Attorney |  |  | ( ) - |

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| **Other Information** | | | |
| Question | Yes | No | Updated |
| Do you have a will? |  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Do you own health insurance? |  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Do you own disability insurance? |  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Have you named your beneficiaries |  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |

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| **Goals** | | |
| Retirement Goals | Date | Amount |
|  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
|  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
|  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
|  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |

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| **Family Information** | | | |
| Name | Relationship | Date of Birth | Spouse’s Name |
|  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
|  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
|  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
|  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
|  |  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |  |
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**Notes**

**Goals**

**Additional Information**

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| --- | --- | --- | --- | --- |
| **Social Security Benefits** | | | | |
| Owner | Start Age & Month | Life or End Age | Gross Monthly Benefit | Projected COLA Increase % |
|  |  | Life or | $ | % |
|  |  | Life or | $ | % |
|  |  | Life or | $ | % |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pension Benefits** | | | | | |
| Owner | Start Age | Life or End Age | Gross Monthly Benefit | Projected COLA  Increase % | % to Survivor |
|  |  | Life or | $ | % | % |
|  |  | Life or | $ | % | % |

**2. Assets**

**1. Income**

|  |  |
| --- | --- |
| **Employment Income** | |
|  | Client |
| Employer |  |
| Current Gross Monthly Salary | $ |
| Projected Annual Salary Increase % | % |
| Projected Retirement Date | \_\_\_\_\_/\_\_\_\_\_\_\_\_ Retired |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Retirement Assets** | | | | | |
| Owner | Company | Account Type  IRA, 401k, etc. | Risk | Account  Value | Monthly Contributions |
|  |  |  | At Risk  Low Risk | $ | $ |
|  |  |  | At Risk  Low Risk | $ | $ |
|  |  |  | At Risk  Low Risk | $ | $ |
|  |  |  | At Risk  Low Risk | $ | $ |
|  |  |  | At Risk  Low Risk | $ | $ |
|  |  |  | At Risk  Low Risk | $ | $ |
|  |  |  | At Risk  Low Risk | $ | $ |

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| **Guaranteed Income Benefits or SPIA’s** | | | | | | |
| Owner | Company | Payout Mode | Account Value | Benefit Amount | Start Date | Life or End Date |
|  |  | Monthly  Annual | $ | $ | \_\_\_\_/\_\_\_\_\_\_ | Life or \_\_\_\_/\_\_\_\_\_\_ |
|  |  | Monthly  Annual | $ | $ | \_\_\_\_/\_\_\_\_\_\_ | Life or \_\_\_\_/\_\_\_\_\_\_ |

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| **Additional Information** | |
|  | Amount |
| Minimum Retirement Funds Balance | $ |
| Projected Before Retirement Rate of Return | % |
| Projected After Retirement Rate of Return | % |
| Desired Risk Level (Please reference the Risk Assessment Questionnaire below) | % |

**Risk Assessment Questionnaire**

|  |  |
| --- | --- |
| **TIME HORIZON** - How much time, in years, can you let your Assets Earmarked for Retirement grow, before you will have to begin withdrawals? | Points |
| 0-2 Years | 0 |
| 3-5 Years | 1 |
| 6-10 Years | 2 |
| 10+ Years | 3 |
| 13+ Years | 4 |
| Answers to this question will help us determine how long you might leave your money before having to use it in retirement. | Total Points |

|  |  |
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| **APPROACH TO SAVINGS & RISK –** How do you feel about Saving and Risk? | Points |
| I do not want to see my principal amount decrease. | 0 |
| I cannot afford a significant loss to principal regardless of interest earned. | 1 |
| As long as my rate of interest stays ahead of inflation, I don’t want the exposure to non - guaranteed financial products. | 2 |
| If I can make a moderate rate of interest on my money, I can withstand some fluctuation. | 3 |
| I want the potential for higher returns and I am willing to take on some risk. | 4 |
| Answers to this question will help us determine your tolerance for risk. | Total Points |

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| **INTEREST EARNING** - What would you consider reasonable interest earned on your assets earmarked for retirement? | Points |
| 3% - 4% | 0 |
| 4% - 6% | 1 |
| 7% - 9% | 2 |
| 9% - 11% | 3 |
| Greater than 11% | 4 |
| Answers to this question will help us determine your expectations for interest earned or rate of return. | Total Points |

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| **RISK TOLERANCE** - You’ve just bought a financial product for $100,000. You are exposed to the following best and worst case scenarios. Which possibility would you choose? | Points |
| Best Case = $102,000 Increase = 2,000 Worst Case = $100,000 Decrease = $0 | 0 |
| Best Case = $104,000 Increase = 4,000 Worst Case = $96,000 Decrease = $4,000 | 1 |
| Best Case = $108,000 Increase = $8,000 Worst Case = $92,000 Decrease = $8,000 | 2 |
| Best Case = $112,000 Increase = $12,000 Worst Case = $88,000 Decrease = $12,000 | 3 |
| Best Case = $116,000 Increase = $16,000 Worst Case = $84,000 Decrease = $16,000 | 4 |
| Answers to this question will help us determine your risk tolerance. | Total Points |

**3. Expenses**

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| --- | --- | --- |
| **Monthly Expenses** | | |
| Current Monthly Expenses After Tax | Projected Inflation Rate | % of Needed Expenses in Retirement |
| $ | % | % |

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| --- | --- | --- | --- | --- | --- |
| **Future Monthly Expense Changes** | | | | | |
| Description | Type | Change | Monthly Amount | Start Date | End Date |
|  | Fixed  Inflatable | Increase  Decrease | $ | \_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_\_\_ |
|  | Fixed  Inflatable | Increase  Decrease | $ | \_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_\_\_ |
|  | Fixed  Inflatable | Increase  Decrease | $ | \_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_\_\_ |

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| **Future Cash Flows** | | | | | | | | |
| Owner | Description | Mode | Cash Flow | Taxation | Amount | Increase % | Start Date | End Date |
|  |  | Annual Monthly | Outflow  Inflow | Taxable  Non-Taxable | $ | % | \_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_\_\_ |
|  |  | Annual  Monthly | Outflow  Inflow | Taxable  Non-Taxable | $ | % | \_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_\_\_ |
|  |  | Annual  Monthly | Outflow  Inflow | Taxable  Non-Taxable | $ | % | \_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Transportation | Monthly Amount |
| Auto Loans | $ |
| Auto Insurance | $ |
| Fuel | $ |
| Repairs | $ |
| Other | $ |
| Total | $ |
|  |  |
| Health | Monthly Amount |
| Health Insurance | $ |
| Life Insurance | $ |
| LTC Insurance | $ |
| Disability Insurance | $ |
| Medicine – Drugs | $ |
| Veterinarian - Pet Care | $ |
| Other | $ |
| Total | $ |
|  |  |
| Debts, Loans | Monthly Amount |
| Credit Cards | $ |
| Student Loans | $ |
| Alimony - Child Support | $ |
| Other | $ |
| Total | $ |
|  |  |
| Charity, Gifts | Monthly Amount |
| Charitable Donations | $ |
| Gifts | $ |
| Other | $ |
| Total | $ |

**3. Budget Worksheet**

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| --- | --- |
| Household | Monthly Amount |
| Mortgage Principal & Interest | $ |
| Real Estate Taxes | $ |
| Rent | $ |
| Insurance – Home/Rental | $ |
| Maintenance – Supplies | $ |
| Utilities – Electric/Gas | $ |
| Water – Sewer | $ |
| Cable – Phone – Internet | $ |
| House Cleaning | $ |
| Other | $ |
| Total | $ |
|  |  |
| Daily Living | Monthly Amount |
| Groceries | $ |
| Dining – Eating Out | $ |
| Clothing | $ |
| Salon – Massage – Manicure | $ |
| Other | $ |
| Total | $ |
|  |  |
| Entertainment | Monthly Amount |
| Home – Shows – Events | $ |
| Sports – Hobbies – Lessons | $ |
| Dues – Memberships | $ |
| Vacation – Travel | $ |
| Other | $ |
| Total | $ |

**9. Long Term Care**

**8. Life Insurance**

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| --- | --- | --- | --- | --- | --- | --- |
| **Existing Life Insurance Information** | | | | | | |
| Owner | Company | Type | Death Benefit | Monthly  Premium | Cash Value | Policy End Date |
|  |  | Term  Permanent | $ | $ | $ | Life or \_\_\_\_/\_\_\_\_\_\_ |
|  |  | Term Permanent | $ | $ | $ | Life or \_\_\_\_/\_\_\_\_\_\_ |
|  |  | Term Permanent | $ | $ | $ | Life or \_\_\_\_/\_\_\_\_\_\_ |
|  |  | Term Permanent | $ | $ | $ | Life or \_\_\_\_/\_\_\_\_\_\_ |

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| **Health Information** | | |
| Client | Smoker | Health Concerns |
|  | Yes or No |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Existing Long-Term Care Coverage Information** | | | | | | | | |
| Owner | Company | Type | Start Date | Daily Benefit | Years | Inflation Type | Inflation % | Monthly Premium |
|  |  | Cash  Reimbursement | \_\_\_\_/\_\_\_\_/\_\_\_\_ | $ |  | Simple  Compound | % | $ |
|  |  | Cash  Reimbursement | \_\_\_\_/\_\_\_\_/\_\_\_\_ | $ |  | Simple  Compound | % | $ |

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| **Red Line Solutions Ranking**  The analysis may show you running out of money during retirement. If this were to occur, how would you rank taking the following steps to help alleviate the red line? Use a scale of 1-5 where 1 would be the most desirable step and 5 the least desirable step. | |
| Red Line Solutions Steps – Rank from 1-5 | Ranking |
| Work Longer, Retire at a Later Date. |  |
| Work a Second or Part Time Job After Retirement. |  |
| Reduce Monthly Expenses. |  |
| If Not Yet Retired, Increase Contributions to Retirement Savings. |  |
| Look for Other Income Alternatives. |  |

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| **Client Signatures** |

**I hereby attest that the information on this Client Data Form has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your retirement software to create my retirement analysis. I understand fixed-only licensed insurance agents may not suggest the sale of an insurance product based upon the sale or liquidation of securities products. Proper registered registrations are required for such recommendations and sales. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement. The financial professional providing the analysis does not provide tax or legal advice. Prior to making any financial decisions consumers should obtain tax or legal advice from a qualified professional.**

**Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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