

Retirement Planning Fact Finder

In order to build wealth for the future, you need to know where your money goes now. Not only will this help you better understand your current situation and budget, you'll be able to identify future retirement savings and goals.

Date: _____

General Information

Name: _____

Date of Birth: _____ Retirement Age/Date: _____

Spouse Information

Name: _____

Date of Birth: _____ Retirement Age/Date: _____

Children Information

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Investment Assets – Please complete **OR** attach statement(s)

Asset 1

Name: _____ Value: _____

After-tax (cost) basis: _____ Annual Contributions: _____

Type: _____
(Investment, Retirement, ROTH, Money Market, etc.)

Asset 2

Name: _____ Value: _____

After-tax (cost) basis: _____ Annual Contributions: _____

Type: _____
(Investment, Retirement, ROTH, Money Market, etc.)

Asset 3

Name: _____ Value: _____

After-tax (cost) basis: _____ Annual Contributions: _____

Type: _____
(Investment, Retirement, ROTH, Money Market, etc.)

Asset 4

Name: _____ Value: _____

After-tax (cost) basis: _____ Annual Contributions: _____

Type: _____
(Investment, Retirement, ROTH, Money Market, etc.)

Real Estate

Asset 1

Name: _____ Owner: _____

Purchase Price: _____ Current Value: _____

Asset 2

Name: _____ Owner: _____

Purchase Price: _____ Current Value: _____

Business Assets

Asset 1

Name: _____ Owner: _____

Business Type: _____ Base Value: _____

Liabilities

Loan 1

Name: _____

Origination Date: _____ Origination Amount: _____

Type: _____ Fixed Term (Mortgages, auto loans, etc.)
_____ Variable Term (Home equity, consumer debt, etc.)

Term (in years): _____ Interest Rate: _____

Loan 2

Name: _____

Origination Date: _____ Origination Amount: _____

Type: _____ Fixed Term (Mortgages, auto loans, etc.)
_____ Variable Term (Home equity, consumer debt, etc.)

Term (in years): _____ Interest Rate: _____

Credit Card 1

Name: _____

Balance: _____

Credit Card 2

Name: _____

Balance: _____

Income

Curent Salary

Gross Salary: \$_____ Self-Employed? Yes No

Spouse's Salary

Gross Salary: \$_____ Self-Employed? Yes No

Pension

Recipient: _____ Annual Salary: \$_____ Start Date: _____

COLA? _____ Spousal Benefit: _____

Other Income

This includes income such as alimony, child support, inheritance, monetary gift, trust distributions, etc.

Name: _____ Amount: \$_____

Frequency Received: One-Time Income

 Recurring Income If Recurring Income: Received Every Years

Start Date: _____ End Date: _____

Household Expenses (monthly)

Homeowner's Insurance: \$_____ Telephones/Cell phones: \$_____

Cable & Computer: \$_____ Car Payments: \$_____

Gas & Electric: \$_____ Transportation: \$_____

Water: \$_____ Groceries: \$_____

Education: \$_____ Restaurants: \$_____

Clothing, dry cleaning: \$_____ House cleaning, landscaping, etc: \$_____

Pet Supplies and services: \$_____ Entertainment (movies, vacation): \$_____

Other (hairdressing, charities, newspapers, etc) \$_____

TOTAL \$_____

Other Expenses

Name: _____ Amount: \$ _____

_____ One-Time Expense

_____ Recurring Expense

If Recurring Expense: Start Date: _____ End Date: _____

Paid Every _____ Years

Life Insurance

Insured Life: _____

Policy Owner: _____

Beneficiary 1: _____

Beneficiary 2: _____

Purchase Date: _____

Face Value/Death Benefit: \$ _____

Annual Benefit Change (if any) _____

Does the Policy Expire? _____ Yes _____ No

If so, when? _____

Annual Premium - Term Portion: \$ _____

Accumulation Portion: \$ _____

Long Term Care / Disability Insurance

Policy Name: _____

Policy Owner: _____

Purchase Date: _____

Expiration Date: _____

Annual Benefit: _____

Annual Benefit Change: _____

Annual Premium: \$ _____

Annual Premium Increase: \$ _____

Education Funding

Dependent 1

Plan Type: _____ Annual Contribution: _____ \$
(529 UGMA/UTMA, Coverdale ESA, Taxable Account)

After tax basis/Cost basis: _____ \$ Current Value: _____ \$

Dependent 2

Plan Type: _____ Annual Contribution: _____ \$

After tax basis/Cost basis: _____ \$ Current Value: _____ \$

Dependent 3

Plan Type: _____ Annual Contribution: _____ \$

After tax basis/Cost basis: _____ \$ Current Value: _____ \$

Estate Planning Strategies

Credit Shelter Trust

Amount funded at first death: _____ \$ Source: _____

Gifting 1

Start Date: _____ End Date: _____ Number of Recipients: _____

Source for Gifting: _____ Total Amount: _____ \$

Gifting 2

Start Date: _____ End Date: _____ Number of Recipients: _____

Source for Gifting: _____ Total Amount: _____ \$

Assets to Charity

Name of Charity: _____

Date of Donation: _____

Source of assets to charity: _____ Percentage of asset to charity: _____

