

CLIENT FACT FINDER

Retirement Planning Powered By



Securities and Advisory services offered through ABC Financial, Member FINRA/SIPC.

About You

| | Client | Spouse/Partner |
|--|--------|----------------|
| First Name | | |
| Middle Initial | | |
| Last Name | | |
| Date of Birth | | |
| Current Annual Income (If working) | | |
| At what age do you hope to retire? | | |
| What is your life expectancy? | | |
| If one of you predeceases, what percentage of your net income goal does the survivor need? | | |

Children / Dependents / Heirs (Optional entries)

| Name | Current Age | Years of College | Current College Cost | Wedding Age | Wedding Cost | Concerns/Special Needs |
|------|-------------|------------------|----------------------|-------------|--------------|------------------------|
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |
| | | | \$ | | \$ | |

Sources of Retirement Income

| | Client (Amount) | Begins at Age | Ends at Age | Spouse (Amount) | Begins at Age | Ends at Age |
|---|-----------------|---------------|-------------|-------------------------------------|---------------|-------------|
| Using a recent statement from Social Security, please provide Estimated Benefit | \$ | | N/A | \$ | | N/A |
| Are you eligible for a pension for a current or former employer? | \$ | | | Please indicate survivor benefit \$ | | |
| Do you earn rental income that you expect to continue into retirement? | \$ | | | \$ | | |
| Do you intend to work part-time after retirement? | \$ | | | \$ | | |
| Please describe other income you'd like to include in your plan. | | | | | | |

Insurance

Let's talk about Life Insurance you may have right now.

Employer Provided Life Insurance

| Insured's Name | Death Benefit Amount (frequently a multiple of your base salary) |
|----------------|---|
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| | |

Term Life Insurance

| Insured's Name | Death Benefit Amount | When Does this Coverage End? |
|----------------|----------------------|------------------------------|
| | | |
| | | |
| | | |
| | | |

Permanent Life

| Insured's Name | Death Benefit Amount | Current Cash Value, if known | Does this policy have a Term Rider? | If so, what is the Death Benefit on the Rider? | When does the Term end on the Rider? |
|----------------|----------------------|------------------------------|-------------------------------------|--|--------------------------------------|
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Goals and Expenses

Before our meeting, give some thought to what you would like to do in retirement – travel, buying a second home, giving to charity, leaving an estate to heirs. We’ll build these into your plan.

| Goal | Expense | Frequency | Begins at Age | Ends at Age |
|-------------------------|---------|-----------|---------------|-------------|
| Travel | \$ | | | |
| Second Home | \$ | | | |
| Gifts | \$ | | | |
| Remodeling | \$ | | | |
| Hobbies | \$ | | | |
| Healthcare Expenses | \$ | | | |
| Long Term Care Premiums | \$ | | | |
| Life Insurance Premiums | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
| | \$ | | | |
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