



Discovery

Name: _____

Date: _____

Beginnings

How did you hear about RexroadLoweth Retirement Planning?

What prompted you to seek retirement planning advice?

How would your life change if you were confident you would meet all your retirement goals?

What are you most excited about regarding your future retirement?

Is there anything else you would like to share?

Reflections

When do you see yourself retiring?

How do you envision retirement?

How much do you think retirement will cost?

Approximately how long do you think your retirement will last?

Do you feel prepared for retirement? Why or why not?

Do you have any questions/concerns about retirement you would like to share?

Resources

Social Security Retirement Benefits	Client 1	Client 2
Are you eligible for benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When do you plan to receive benefits?	At age _____	At age _____
What is your projected benefit amount?	\$_____ per month	\$_____ per month

Other Retirement Income and Pension Benefits	Client 1		Client 2	
Description	Income/Month	Year it Begins	Income/Month	Year it Begins
	\$		\$	
	\$		\$	
	\$		\$	

Investment Assets	Client 1		Client 2	
Description	Value	Additions/Year	Value	Additions/Year
Employer Retirement Plans	\$	\$ or %	\$	\$ or %
Traditional IRA	\$	\$ or %	\$	\$ or %
Roth IRA	\$	\$ or %	\$	\$ or %
Tax-deferred Annuities	\$	\$ or %	\$	\$ or %
529 College Savings Plans	\$	\$ or %	\$	\$ or %
Taxable Accounts	\$	\$ or %	\$	\$ or %

List Your Insurance Policies	Benefit Amount		Company	
	Client 1	Client 2	Client 1	Client 2
Term Life				
Whole Life				
UL/VUL				
Umbrella				
Disability				
LTC				

Risk Tolerance
What is your risk tolerance?
<input type="checkbox"/> Very Conservative
<input type="checkbox"/> Conservative
<input type="checkbox"/> Moderate
<input type="checkbox"/> Aggressive
<input type="checkbox"/> Very Aggressive

What is your experience level with the following financial products? (Check all cells that apply)								
	Mutual Funds	Stocks/Bonds	Variable Annuities	Fixed Annuities	Limited Partnerships	REITS	Real Estate	Options
None								
Limited								
Good								
Excellent								

Connections

Community involvement:

Charities _____ Volunteerism _____ Other _____

Interests/Hobbies:

Cooking Fishing Golf Sailing Traveling
 Education Gardening Reading Tennis Other _____

When is the best time to call you? (Check all that apply)

7am - 9am 10am - Noon 1pm - 3pm 4pm - 6pm

Where is the best place to call you?

Home Work Mobile Any

When is the best time to schedule meetings with you?

Mondays Tuesdays Wednesdays Thursdays Fridays
 7am - 9am 10am - noon 1pm - 3pm 4pm - 6pm

What is your estimated annual income? Client 1 \$ _____ Client 2 \$ _____

What are your estimated assets? \$ _____ What are your estimated liabilities? \$ _____

Who is your tax professional or CPA? _____

Who is your attorney? _____

Who is your financial advisor? _____

Personal Information (Client 1)	Name:	Email:
Home Phone:	Mobile Phone:	Business Phone:
Date of Birth:	SSN:	Employer:
Mailing Address:		
City:	State:	ZIP:
Personal Information (Client 2)	Name:	Email:
Home Phone:	Mobile Phone:	Business Phone:
Date of Birth:	SSN:	Employer:
Mailing Address:		
City:	State:	ZIP:

Children's names and dates of birth: _____

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