



# Rexroad

Retirement & Wealth Management

*Discovery*

## Beginnings

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How did you hear about Rexroad Retirement & Wealth Management?

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What prompted you to seek retirement planning advice?

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

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What are you most excited about regarding your future retirement?

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Is there anything else you would like to share?

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# Reflections

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When do you see yourself retiring?

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How do you envision retirement?

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How much do you think retirement will cost?

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Approximately how long do you think your retirement will last?

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

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

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# 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? \_\_\_\_\_

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



## Stevan “Rex” Rexroad

CFP®, CLU®, ChFC®, CIMA®, MSFS

## Clay Rexroad

CPA, CFP®

1127 Floral Parkway  
1<sup>st</sup> Floor, Suite 100  
Wilmington, NC 28403

Office: (910) 791-2895  
[info@rexroadretirement.com](mailto:info@rexroadretirement.com)  
[rexroadretirement.com](http://rexroadretirement.com)

