



DISCOVERY

BEGINNINGS

How did you hear about us?

What has prompted you to seek financial advice?

How would you improve your financial situation if you could? Why?

How would you change your life now if you were confident that you would meet all your financial goals?

Is there anything else you would like for me to know?

Retiring

When do you see yourself retiring? How do you envision retirement? How much will it cost? How long will it last? Do you feel well prepared?

Educating

Who do you need or want to help educate? Do you know how much it will cost? How much of the cost would you like to plan on paying and how will you pay for it?

Protecting

Do you know what would happen to your family financially if you or another family member died unexpectedly? Which debts would you want to have paid off? How much income would your family need in order to be secure?

Disability Planning

What would your family's financial condition be if you became disabled and could no longer work? In the event of an unexpected illness or injury, how much income would you and your family need?

Long-Term Care Planning

Are your parents living and, if so, will you be expected to contribute to their support at some point? What provisions have you made for the possibility that you may need nursing home or home health care? Is it important to you to have a long-term care strategy?

Estate and Legacy Planning

How important is it to you to assist in the financial lives of your children and grandchildren while you're still here, as legacies, or both? How do you plan to do that? Are there charities that you would like to benefit?

More

Besides the above goals, are there other goals that are important to you? If yes, please briefly explain.

“Our plans miscarry because they have no aim. When a man does not know what harbor he is making for, no wind is the right wind.” — Seneca

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

Description	Client 1		Client 2	
	Income/Month	Year it Begins	Income/Month	Year it Begins
	\$		\$	
	\$		\$	
	\$		\$	

Investment Assets

Description	Client 1		Client 2	
	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 %

Please list any insurance policies that you currently own.

	Benefit Amount		Company	
	Client 1	Client 2	Client 1	Client 2
Term Life				
Whole Life				
UL/VUL				
Umbrella				
Disability				
LTC				

Risk Tolerance

What type of investor are you?
<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 that apply.)

	Mutual Funds	Stocks/Bonds	Variable Annuities	Fixed Annuities	Limited Partnerships	REITS	Real Estate	Options
None								
Limited								
Good								
Excellent								

Community Involvement:

Charities _____ Volunteerism _____ Other _____

Interests/Hobbies:

Gardening Travel Education Reading Cooking
 Golf Tennis Sailing Fishing Other _____

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

7 a.m. – 9 a.m. 10 a.m. – Noon 1 p.m. – 3 p.m. 4 p.m. – 6 p.m.

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

7 a.m. – 9 a.m. 10 a.m. – Noon 1 p.m. – 3 p.m. 4 p.m. – 6 p.m.

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 Data		
Name (Client 1):	Home Phone:	Cell:
Business Phone:	Employer Name:	Email Address:
Nickname:	Date of Birth:	SSN:
Mailing Address:		
City:	State:	ZIP:

Name (Client 2):	Home Phone:	Cell:
Business Phone:	Employer Name:	Email Address:
Nickname:	Date of Birth:	SSN:
Mailing Address:		
City:	State:	ZIP:

Children's names and dates of birth: _____



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