



431 SW Ambaum Blvd.
Burien, WA. 98166
(206) 420-8520

Your **Annual Strategy Session** is scheduled for:

Date:

Time:

Please return this document by:

CLIENT 'A' INFORMATION

Name:

CLIENT 'B' INFORMATION

Name:

Please take 30-60 minutes to complete this Strategy Session questionnaire. Your answers will help us properly prepare, fully update your financial plan and help you get the most value out of your appointment

RETIREMENT

Are you currently retired? Y N

If YES, what was the exact date of your retirement? _____

If NO, what is your planned retirement date or age? _____

Has any personal or financial information listed below changed significantly since your last meeting at Sunrise Financial Services? Please provide any updates to employment, phone number, email address, physical or legal address, inheritances, beneficiaries, marital status, births, deaths or identification

Is there anything specific you want to address or accomplish during your Annual Strategy Session?

What concerns you most about your finances?


RETIREMENT GOALS

What is most important to you in Retirement?


Please mark 1 through 3 in order of priority: 1 being most important 3 being less important.


CLIENT 'A'

 Relax


 Travel


 Maintain Lifestyle

 Spend time w/ Family

 Stay Active


 Volunteer

 Legacy for Family


 Spend it all!


CLIENT 'B'


 Relax


 Travel


 Maintain Lifestyle

 Spend time w/ Family

 Stay Active

 Volunteer

 Legacy for Family

 Spend it all!

Are you comfortable with your current cash flow? Y N

If NO, please explain: _____

How much would you consider a comfortable Cash & Savings balance? _____

Are you concerned about any of your accounts? Y N

If you answered yes, please explain: _____

Do you have any major upcoming expenses (ex: roof, new car, vacation)?

Do you anticipate any changes in your average monthly spending, either negatively or positively (ex: college tuition, increased healthcare costs, paying off your mortgage or other loans)?

Do you have any other concerns about your budget or spending (ex: credit card debt, lack of cash flow)?

REAL ESTATE

Check this box if you have provided mortgage statements.

If checked, skip the 'Real Estate' portion and proceed to the 'Income' portion, we will obtain all required information from the statements.

PRIMARY RESIDENCE

Description/Nickname: _____
Estimated Value: _____
Property Type: _____
Remaining Mortgage: _____
Payment Amount: _____
Interest Rate: _____
Second Mortgage: Y N Amount: _____
Equity Line: Y N Amount: _____
Payment Amount: _____
Interest Rate: _____
Property Tax & Interest included in mortgage payment? Y N
Tax Cost: _____
Insurance Cost: _____
Is this property a rental? Y N
Gross Rental Income: _____

******SECONDARY PROPERTY**

Description/Nickname: _____
Estimated Value: _____
Property Type: _____
Remaining Mortgage: _____
Payment Amount: _____
Interest Rate: _____
Second Mortgage: Y N Amount: _____
Equity Line: Y N Amount: _____
Payment Amount: _____
Interest Rate: _____
Property Tax & Interest included in mortgage payment? Y N
Tax Cost: _____
Insurance Cost: _____
Is this property a rental? Y N
Gross Rental Income: _____

******ADDITIONAL PROPERTY**

Description/Nickname: _____
Estimated Value: _____
Property Type: _____
Remaining Mortgage: _____
Payment Amount: _____
Interest Rate: _____
Second Mortgage: Y N Amount: _____
Equity Line: Y N Amount: _____
Payment Amount: _____
Interest Rate: _____
Property Tax & Interest included in mortgage payment? Y N
Tax Cost: _____
Insurance Cost: _____
Is this property a rental? Y N
Gross Rental Income: _____

******ADDITIONAL PROPERTY**

Description/Nickname: _____
Estimated Value: _____
Property Type: _____
Remaining Mortgage: _____
Payment Amount: _____
Interest Rate: _____
Second Mortgage: Y N Amount: _____
Equity Line: Y N Amount: _____
Payment Amount: _____
Interest Rate: _____
Property Tax & Interest included in mortgage payment? Y N
Tax Cost: _____
Insurance Cost: _____
Is this property a rental? Y N
Gross Rental Income: _____

INCOME

Check this box if you have provided recent income stubs or statements.

If checked, skip the 'Income' portion and proceed to the 'Investment & Account' portion, we will obtain all required information from the statements.

Gross Amount = Total income amount *before* taxes
 Net Amount = Amount deposited into your account

CLIENT 'A'

		Gross Amount	Net Amount
Wages			
Pension			
Annuities			
Other			
Social Security	Current:		
	Estimate (age 62):		
	Estimate (FRA):		
	Estimate (age 70):		
<p>** If you are not currently collecting Social Security, please go to this web address and enter your information to receive an estimate: https://www.ssa.gov/benefits/retirement/estimator.html</p>			

CLIENT 'B'

		Gross Amount	Net Amount
Wages			
Pension			
Annuities			
Other			
Social Security	Current:		
	Estimate (age 62):		
	Estimate (FRA):		
	Estimate (age 70):		
<p>** If you are not currently collecting Social Security, please go to this web address and enter your information to receive an estimate: https://www.ssa.gov/benefits/retirement/estimator.html</p>			

INVESTMENTS & OTHER FINANCIAL ACCOUNTS

Check this box if you have provided statements for all outside accounts including, but not limited to Savings, Checking, Investment Accounts, Retirement Accounts and CDs.

If checked, skip the 'Investment & Account' portion and proceed to the 'Life Insurance & Long-Term Care' portion, we will obtain are required information from the statements.

Please complete this form using the most accurate balances possible for any accounts you hold OUTSIDE Sunrise Financial. You can round up or down to the nearest dollar. If the amounts listed are not accurate, your plan will also be inaccurate.

Investment Type	Company	Account Type (401k, IRA, etc.)	Value	ROR/Holdings/Notes
Checking				
Checking				
Savings				
Savings				
Insurance Cash Value				Death Benefit:
Insurance Cash Value				Death Benefit:
CD				Rate: Term:
CD				Rate: Term:
CD				Rate: Term:
CD				Rate: Term:
Annuity				
Annuity				
Annuity				
Annuity				
Retirement Account				
Retirement Account				
Retirement Account				
Retirement Account				
Retirement Account				
Retirement Account				
Retirement Account				
Retirement Account				
Retirement Account				
Securities				
Securities				
Securities				
Securities				
Securities				
Total Net Worth:				

SPENDING

Instructions: Please complete this form using the most accurate numbers possible. You may round up or down to the nearest dollar. This budget amount will be used in the updated plan Janice is preparing for you. If the amounts listed are not accurate, your plan will also be inaccurate. If you have had or anticipate any major expenses that are not expected annually, please include that separately or note it so it is not factored in.

**** If you are using a credit card for most of your day to day expenses, you only need to list the expenses that don't go on a credit card, and then in the credit card category, what the average or range your credit card balance is each month.**

Expenses	Monthly	Annually	Balance	End Date
Mortgage				
Property Taxes				
Home Owners Insurance				
Condo Dues				
Car Payment 1				
Car Payment 2				
Car Insurance				
Gas				
Credit Card				
Credit Card				
Credit Card				
Health Insurance				
Life Insurance				
LTC Insurance				
Power				
Water				
Sewer				
Garbage				
Internet				
Cable				
Telephone (home)				
Telephone (cell)				
Food				
Entertainment				
Donations/Church				
Alarm Company				
Yard Care				
Housekeeper				
Childcare				
Education				
Misc				
Misc				
Misc				
Misc				
Total:				



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Testimonial Form

Our industry previously did not allow for testimonials, we are thrilled to let you know that has recently been updated! We are excited to get your thoughts and feedback. Please take a few minutes to share your experiences with us. This is really valuable to us and helps us keep improving! Thank you!

What do you like about our business?

How have we helped you?

How can we improve?

We would love to share your thoughts with potential clients. If you consent to part or all of your statement being used for marketing, please sign below:

Name: _____ Date: _____

How do you prefer we credit your statement?

- First name only
 Initials only