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**FACTS & FEELINGS**  
**GOALS & OBJECTIVES**



# Overview

Financial Services Professional Name: \_\_\_\_\_

## CLIENT 1

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_  Personal  
 Business

Phone Number: \_\_\_\_\_  Mobile  
 Home  
 Business

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CLIENT 2

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_  Personal  
 Business

Phone Number: \_\_\_\_\_  Mobile  
 Home  
 Business

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is it in your financial life that brings you in today?

\_\_\_\_\_

\_\_\_\_\_

Which of the following best describes your relationship status?

Married  Single  Domestic Partnership

## CLIENT 1

Are you already retired?  Yes  No

If Yes:

At what age did you retire: \_\_\_\_\_

If No:

What is your annual income? \$ \_\_\_\_\_

At what age do you plan on retiring? \_\_\_\_\_

Do you intend to work in retirement?

Yes  No

If Yes:

How much income will you be earning? \$ \_\_\_\_\_

## CLIENT 2

Are you already retired?  Yes  No

If Yes:

At what age did you retire: \_\_\_\_\_

If No:

What is your annual income? \$ \_\_\_\_\_

At what age do you plan on retiring? \_\_\_\_\_

Do you intend to work in retirement?

Yes  No

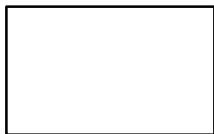
If Yes:

How much income will you be earning? \$ \_\_\_\_\_

What are your current household monthly expenses? \$ \_\_\_\_\_

# MANAGING RISK IN RETIREMENT

## What is your Color of Money Risk Analysis score?



If your Color of Money Risk Analysis Score appears to be too conservative or too aggressive we recommend you retake the Color of Money Risk Analysis and discuss with your Financial Services Professional.

### **Conservative Investor: 1-20**

You should generally have 1 - 20 percent of your assets allocated to growth assets, but the majority should be allocated to assets with less risk. You are risk averse and the main focus is on principal preservation.

### **Conservative Growth Investor: 21-40**

You should generally have 21- 40 percent of your assets allocated to growth assets. The remainder should be allocated to assets with less risk. You are somewhat conservative and do not want to have more than 40 percent of your assets exposed to risk.

### **Balanced Investor: 41-60**

You should generally have 41- 60 percent of your assets allocated to growth assets. The remainder should be allocated to assets with less risk. Moderate growth and a balanced allocation are both important to your long term success. You understand some risk is necessary in order to potentially get return greater than inflation.

### **Moderate Growth Investor: 61-80**

You should generally have 61- 80 percent of your assets allocated to growth assets. The remainder should be allocated to assets with less risk. You are more growth oriented, but are not comfortable with 100 percent of your assets being exposed to risk - maintaining a small portion of assets with less risk is an important part of your allocation.

### **Growth Investor: 81-100**

You should generally have 81- 100 percent of your assets allocated to growth assets. As a growth investor, your primary goal is growing your principal. You understand assets exposed to risk go up and down in value, but you are comfortable heavily investing in them because of the long-term growth potential they may provide.

## **YOUR FINANCIAL PRIORITIES**

Rank from 1 to 6, with 1 being most important and 6 being least important.

	CLIENT 1	CLIENT 2
Protecting principal and avoiding losses		
Saving for a particular goal		
Maximizing my income		
Paying less income taxes		
Receiving a better return on my assets		
Leaving a legacy		

# Investable Assets & Liabilities



**NEWGENERATION**  
RETIREMENT PLANNING

Asset Name	Asset Type (Please select one)	Owner	Asset Value	Tax Status
	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Investment <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Checking/Savings/CD <input type="checkbox"/> Other: _____			<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth
	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Investment <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Checking/Savings/CD <input type="checkbox"/> Other: _____			<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth
	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Investment <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Checking/Savings/CD <input type="checkbox"/> Other: _____			<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth
	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Investment <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Checking/Savings/CD <input type="checkbox"/> Other: _____			<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth
	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Investment <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Checking/Savings/CD <input type="checkbox"/> Other: _____			<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth
	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Investment <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Checking/Savings/CD <input type="checkbox"/> Other: _____			<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth
	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Investment <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Checking/Savings/CD <input type="checkbox"/> Other: _____			<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth
	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Investment <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Checking/Savings/CD <input type="checkbox"/> Other: _____			<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth

Liability Name	Balance	Maturity Date

Total Liabilities: \$ \_\_\_\_\_

# Managing Social Security Benefits



**NEWGENERATION**  
RETIREMENT PLANNING

	<u>CLIENT 1</u>	<u>CLIENT 2</u>
Are you currently receiving Social Security retirement benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, select one:	<input type="checkbox"/> Client Benefit <input type="checkbox"/> Disability <input type="checkbox"/> Spousal <input type="checkbox"/> Ex-Spousal <input type="checkbox"/> Survivor	<input type="checkbox"/> Client Benefit <input type="checkbox"/> Disability <input type="checkbox"/> Spousal <input type="checkbox"/> Ex-Spousal <input type="checkbox"/> Survivor
<b>Currently receiving benefits:</b>		
What is your monthly benefit?	\$ _____	\$ _____
When did you start receiving it?	_____ Month / Year	_____ Month / Year
<b>NOT currently receiving benefits:</b>		
What is your anticipated age when filing for benefits?	_____	\$ _____
What is your Primary Insurance Amount (PIA)?	\$ _____	\$ _____

Use life expectancy table?    Yes    No, specify age \_\_\_\_\_    Yes    No, specify age \_\_\_\_\_

Government Pensions:

_____ Monthly Amt.	_____ Start Age	_____ End Age	_____ Monthly Amt.	_____ Start Age	_____ End Age
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Other Pension Benefits:

_____ Monthly Amt.	_____ Start Age	_____ End Age	_____ Monthly Amt.	_____ Start Age	_____ End Age
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Other Guaranteed Income:

_____ Monthly Amt.	_____ Start Age	_____ End Age	_____ Monthly Amt.	_____ Start Age	_____ End Age
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SS Cost of Living Adjustment:   \_\_\_\_%   Include Medicare estimates    Yes    No

\* If you receive a pension from employment in which you did not pay Social Security taxes, benefits may be reduced by the Windfall Elimination Provision (WEP) and/or the Government Pension Offset (GPO). You must provide your full SS statement with earnings history to calculate the estimated WEP and GPO reductions. PIA and earnings history may be obtained online at [www.ssa.gov](http://www.ssa.gov).

**Fill out if appropriate:**

Divorced    Widowed

Ex/deceased spouse's date of birth: \_\_\_\_\_   Ex/deceased spouse's PIA \$ \_\_\_\_\_

Spousal/survivor benefit amount you would receive at your full retirement age: \$ \_\_\_\_\_

If you do not have this information, it can be obtained from your local SSA office. They may require proof of marriage as well as proof of divorce/death.

The financial services professional is not affiliated with or endorsed by the Social Security Administration or any other government agency. This content is for informational purposes only and should not be used to make any financial decisions.

# Retirement Income

How much income do you need it in order to retire comfortably? \$ \_\_\_\_\_/month

Have you planned for any income gap that might exist after your Social Security benefits are exhausted each month?  Yes  No

Do you have a retirement income plan?  Yes  No

If you have a retirement plan, do you have an:

Income Surplus  Income Shortfall  Adequate Income Amount

When you have a financial question, who do you typically ask?

Family  Friends  Coworkers  Financial Professional  Other

If you work with a financial services professional, how often do you meet to discuss your financial goals?

Once A Year  Once Every Six Months  Once Every Three Months  Other

Do you currently have life insurance?  Yes  No

If you have life insurance, do you review your policy at least once every two years?

Yes  No

Do you see any reason not to move forward and hire me as your financial services professional?

Yes  No

I believe that the information provided by the client(s) is true and accurate and certify I have accurately recorded all information given by the client(s).

\_\_\_\_\_  
Financial Services Professional Signature

\_\_\_\_\_  
Date