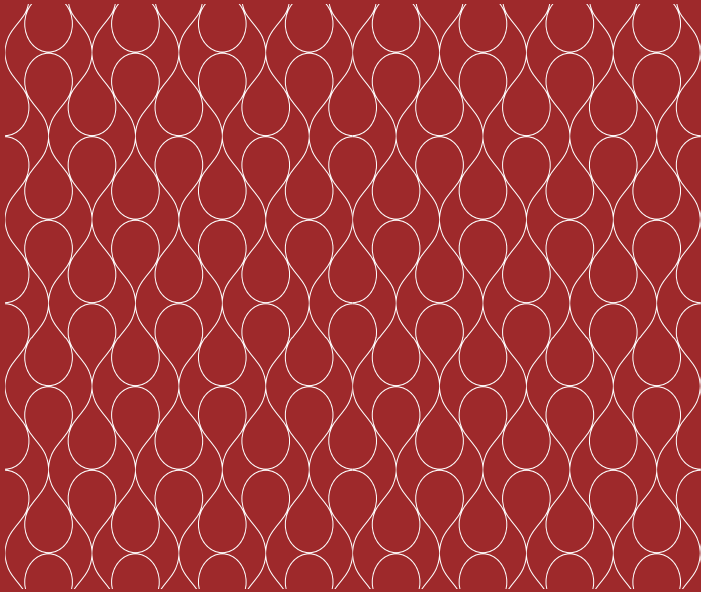


# FACT FINDING BY DESIGN



RETIREMENT BY DESIGN

Financial services professional name:

**Client 1**

First name:

Last name:

Preferred name:

DOB:

Email:

Address:

City: State: Zip:

Phone number: Mobile

Gender: Male Female Home  
Other Business

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

Which of the following best describes your relationship status?

Married Single Divorced  
Widowed Domestic partnership

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 annual income will you earn?

\$

What age do you plan to retire completely?

How much are your current monthly household expenses?

\$

**Client 2**

First name:

Last name:

Preferred name:

DOB:

Email:

Address:

City: State: Zip:

Phone number: Mobile

Gender: Male Female Home  
Other Business

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

Which of the following best describes your relationship status?

Married Single Divorced  
Widowed Domestic partnership

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 annual income will you earn?

\$

What age do you plan to retire completely?



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

Have you taken the Color of Money Risk Analysis (COMRA) to learn about your attitude toward risk?  
 If so, put your score below! If not, talk to your financial services professional.

### What are your financial priorities?

Rank them with 1 being most important.

Financial Priorities	Client 1	Client 2
Protecting principal and avoiding losses		
Maximizing my income		
Minimizing income taxes		
Receiving a better return on my assets		
Leaving a legacy		
Tax-advantaged income in retirement		
Long-term care costs		
Saving for a particular goal		
Other:		
Other:		
Other:		
Other:		





Other Assets	Value	Balance Owed	Payoff Date
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

## Summary of Assets

Account assets (from previous page): \$

Other assets (from this page): \$

Total assets: \$

Total liabilities: \$

Net worth: \$



Social Security	Client 1	Client 2
<p>Are you currently receiving Social Security retirement benefits?</p>	<p>Yes      No</p> <p>If yes, select one:</p> <p>Client Benefit</p> <p>Spousal</p> <p>Survivor</p> <p>Disability</p> <p>Ex-Spousal</p>	<p>Yes      No</p> <p>If yes, select one:</p> <p>Client Benefit</p> <p>Spousal</p> <p>Survivor</p> <p>Disability</p> <p>Ex-Spousal</p>
<p><b>Currently receiving benefits</b></p>		
<p>What is your monthly benefit?</p>	<p>\$</p>	<p>\$</p>
<p>When did you start receiving it?</p>	<p>MM/YY</p>	<p>MM/YY</p>
<p><b>NOT currently receiving benefits</b></p>		
<p>What is your Primary Insurance Amount (Full Retirement Age benefit)?</p> <p>What is your anticipated age when filing for benefits?</p> <p>Use life expectancy table?</p>	<p>\$</p> <p>Yes      No</p>	<p>\$</p> <p>Yes      No</p>



Social Security Cost of Living Adjustment:

%

Include Medicare estimates:

Specify age:

Yes

No

Divorced

Widowed

Ex-spouse:

Deceased spouse:

Date of birth (mm/dd/yy):

Date of birth (mm/dd/yy):

Date of death (mm/dd/yy):

Date of death (mm/dd/yy):

Ex-spouse Primary Insurance Amount:

Deceased spouse Primary Insurance Amount:

\$

\$

Ex-spouse benefits are only available if married 10 years or longer.

Deceased spouse receiving benefits when they passed away?      Yes      No

If yes, what was the benefit amount?

\$

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.

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 Social Security 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).

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.



<b>Other Income Sources</b> (Pensions, IRAs, Annuities, etc.)	<b>Owner</b> (Client 1 or 2)	<b>Monthly Amount</b>	<b>Start Age</b>	<b>End Age</b>





How much income do you need in order to retire comfortably?

Gross \$

Net (after-tax) \$

Have you planned for any additional income needs 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 income plan, which option below describes the outcome?

Income surplus

Income shortfall

Adequate income amount

If you have a retirement income plan, does it include any increases for inflation, additional health care costs, etc.?

Yes

No



Do you currently have life insurance?

Yes No

Term Whole Life Universal Life

Indexed Universal Life Variable Life

What are the primary reasons you purchased life insurance?

Have you had any major health concerns?

Yes No

Do you have any long-term care protection?

Yes No

If no, is long-term care a topic of concern for you?

Yes No

### Life/LTC Policy Information

Owner	Company Name	Insurance Type	Death Benefit	Cash Value
				\$
				\$
				\$
				\$
				\$
				\$



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, is this person a relative or family friend?

Yes      No

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

Yes      No

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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 (mm/dd/yy):

