Family Goals and Objectives Analysis

Full Name: ____ Date of Birth: ______________________

Spouse's Name: ____________________________________ Date of Birth: ______________________

Phone: ___________________________________ Cell: _____________________________________

Home Address: ____

Occupation/Retired ________________________Spouse Occupation/Retired _______________________

Are you married? Yes____ No____ Are your assets/finances in _____ his name ______ her name _____ joint

I/We have ____ children and ____ grandchildren ____ great grandchildren

Ages of Children ____

Ages of Grandchildren____

Ages of Great Grandchildren____

Retirement Lifestyle Planning

How do you envision your retirement lifestyle?

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Do you travel now or would you like to travel in the future? If so, when and where?

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If you had complete financial security how would you spend your time?

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Do you own a second home? If so, where is it located? Or do you wish to own a second home or RV?

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Basic Planning

1. I/We have a will or a living trust .... Yes No
2. I/We have reviewed and updated my/our will/trust in the last five years.......... Yes No
3. I/We have our Power of Attorney in place.......... Yes No
4. I/We have our Healthcare Power of Attorney in place .... Yes No
5. I/We understand how probate works .... Yes No
6. Do you anticipate receiving any significant inheritance .... Yes No
7. I/We have children from a previous marriage .... Yes No
8. I/We have a child(ren) with special needs .... Yes No
9. I/We are concerned about how my/our beneficiaries will spend their inheritance .... Yes No
10. I/We have a monthly budget .... Yes No
11. If Yes, are there any funds left after paying my/our monthly expenses .... Yes No
12. I/We are currently taking Social Security benefits.......... Yes No
13. I/We understand what happens to Social Security benefits at death.......... Yes No
14. I/We understand how Social Security benefits can be taxed .... Yes No
15. I/We understand how my/our savings are taxed.......... Yes No
16. I/We understand the consequences of capital gain taxes.......... Yes No
17. We have an income replacement plan for when one of us passes away .... Yes No
18. I/We are using my/our interest to help pay my/our expenses.......... Yes No
19. My/Our income is guaranteed for as long as I/we live .... Yes No
20. I/We have assets that are at risk to the stock and bond market .... Yes No
21. My/Our funeral arrangements are all arranged and pre-paid.......... Yes No
22. I/We wish to consider or discuss the following issues ....

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Goals and Objectives

Providing for my spouse in the event of my death	High	Medium	Low	N/A
Providing for Long Term Care expenses	High	Medium	Low	N/A
Avoiding the costs and delays of probate	High	Medium	Low	N/A
Leaving a legacy to my heirs	High	Medium	Low	N/A
Leaving a legacy to charity	High	Medium	Low	N/A
Having income for as long as I live	High	Medium	Low	N/A
Safeguarding my funds against market loss	High	Medium	Low	N/A
Reducing unnecessary taxes	High	Medium	Low	N/A
Earning a competitive rate of return	High	Medium	Low	N/A

If working target retirement date _______________ Spouse, if working target retirement date ________________

Other:

____	High	Medium	Low	N/A
____	High	Medium	Low	N/A
____	High	Medium	Low	N/A

Income Sources

His Social Security Income ____________________, If not when do you plan on taking ____________________

Her Social Security Income ____________________, If not when do you plan on taking? ___________________

Current Working Income (his) ____

Current Working Income (hers) ____

CD Interest Income ____

Stock/Bond Interest Income____

Pension Income____

IRA/401(k) Distributions____

Annuity Income ____

Rental Property Income____

Other Type and amount of Income ____

Other Type and amount of Income ____

Total Monthly Income ____

Total Annual Income ____

Expenses

Mortgage Balance ____________________________ Payment _____________________________________

Second Mortgage Balance _____________________ Payment _____________________________________

Credit Card(s) Balance(s)______________________ Payment _____________________________________

Medical Bill Balance ___________________________ Payment _____________________________________

Auto Loan Balance ____________________________ Payment _____________________________________

Other Loans Balance __________________________ Payment _____________________________________

General Living Expenses (food, utilities, personal care) Monthly Average _________________________

Insurance Premiums (auto, home, life, LTC and health) ____

Entertainment and Travel____

Other____ Monthly Estimate ____________________________

Other____ Monthly Estimate ____________________________

Insurance Coverage

His Life Insurance Coverage						
Type	Face Value	Annual Premium	Beneficiary	Cash Value	Issuing Company	Issued Date
Term						
Variable						
Universal/ Whole Life						
Other						

Her Life Insurance Coverage						
Type	Face Value	Annual Premium	Beneficiary	Cash Value	Issuing Company	Issued Date
Term						
Variable						
Universal/ Whole Life						
Other						

	Daily Benefit	Annual Premium	Length of Benefit	Inflation Protection	Issuing Company	Issued Date
His Long Term Care						
Her Long Term Care						

Banking/Credit Union Information

	Account Holder	Name of Institution	Maturity Date	Qualified/ Non-Qualified	Interest Rate	Principle Balance
Checking						
Checking						
Checking						
Checking						
Savings						
Savings						
Savings						
Money Market						
Money Market						
CD						
CD						
CD						
CD						
CD						
CD						
Other						
Other						

Mutual Funds/Stocks/Bonds and Annuities Account Information

	Account Holder	Name of Institution	Maturity Date	Qualified/ Non-Qualified	Interest Rate	Current Balance
Mutual Funds						
Mutual Funds						
Mutual Funds						
Mutual Funds						
Stocks						
Stocks						
Bonds						
Bonds						
401(k)/403b						
401(k)/403b						
Variable Annuities						
Variable Annuities						
Fixed Annuities						
Fixed Annuities						
FIA Annuities						
Other						
Other						

Legacy Information

Estimated Total Net Worth____

I/We understand the consequences of inheritance/estate taxes .... Yes No

Would you like to find out how to help offset inheritance/estate taxes .... Yes No

If it is important for you to leave a legacy – do you understand how wealth transfer works .... Yes No

Would you like to find out how to use wealth transfer to leave a legacy... Yes No

Do you want to find out how to stretch your IRA to multiple generations .... Yes No

Other Information/Notes