



Date Completed: _____

Retirement Questionnaire

Completing this Questionnaire is the next step in our strategic process. Please fill in the information requested as accurately as possible. The confidentiality of your information will be respected.

Documents to submit with this Questionnaire:

- Pay Stub
- Annuity Statements
- Life Insurance Annual Statements
- Most Recent Tax Returns
- Retirement Account Statements
- Long Term Care Statements
- Social Security Statements
- Brokerage Statements
- Retirement Income Projections

Client Information

Full Name	Date of Birth	Social Security
Mailing Address		
City	State	Zip Code
Client Preferred Phone Number C / H / W		Client Preferred Email

Spouse Information

Full Name	Date of Birth	Social Security
Spouse Preferred Phone Number C / H / W		Spouse Preferred Email

Employment Data

Your Occupation	Employer	Retirement Date/ Age
Spouse's Occupation	Employer	Retirement Date/ Age
Your Gross Monthly Income		Spouse's Gross Monthly Income

This space reserved for Advisor notes.	DL	DL
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Evaluating Current Financial Position

Primary Financial Concerns:

Monthly Retirement Income Goal: \$ _____

Current Monthly Expenses: \$ _____

Income: Pensions, Social Security, Rental, or Other Streams of Income

Source	Account Holder	Gross Monthly Amount	Survivorship %
		\$	%
		\$	%
		\$	%
		\$	%

* Be sure to include most recent statement for all accounts.

Amounts in Banks, Savings & Loans, and Credit Unions (Non-IRA)

Name of Bank	Type of Account	Maturity Date	Interest Rate	Approximate Balance
			%	\$
			%	\$
			%	\$
			%	\$

* Be sure to include most recent statement for all accounts.

401(k), IRA and Other Retirement Accounts

Location of Account (Bank, Broker, Employer, etc.)	Type of Account (401(k), 403 (b), IRA, etc.)	Approximate Value	Account Holder(s)
		\$	
		\$	
		\$	
		\$	

* Be sure to include most recent statement for all accounts.

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Investment and/or Brokerage Accounts

Name of Brokerage Firm or Mutual Fund	Approximate Market Value	Account Holder(s)
	\$	
	\$	
	\$	
	\$	
	\$	

* Be sure to include most recent statement for all accounts.

Life Insurance

Insured	Insurance Company	Type of Policy	Death Benefit	Premium	Cash Value	Loan
			\$	\$	\$	Y / N
			\$	\$	\$	Y / N
			\$	\$	\$	Y / N
			\$	\$	\$	Y / N

* Please provide policies and/or latest statements

Stocks and Bond Certificates

Name of Stock / Bond	Number of Shares	Approximate Market Value	Account Holder
		\$	
		\$	
		\$	
		\$	
		\$	

* Be sure to include most recent statement for all accounts.

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Personal Residence and Other Real Estate

Property Address	Original Cost	Approximate Market Value	Debt Owed
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Family Business / Partnerships

Name of Partnership	Type of Investment	Amount Invested	Market Value
		\$	\$
		\$	\$

Long Term Care

Insured	Monthly Benefit	Premium Amount
	\$	
	\$	

Other Assets

Approximate Value of Personal Property (household goods, jewelry, cars, etc.):

\$ _____

Additional Assets Not Previously Recorded:

This space reserved for Advisor notes.

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