



## Personal Financial 360

A strategy assessment consultation will help you understand your own retirement financial picture.

This information is held **confidential and will not be released or shared.**

**PLEASE COMPLETE PRIOR TO STRATEGY SESSION.**

Attendee Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Spouse Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

<u>ATTENDEE</u>	<u>SPOUSE</u>
<input type="checkbox"/> I am retired <input type="checkbox"/> I hope to retire on _____	<input type="checkbox"/> I am retired <input type="checkbox"/> I hope to retire on _____
Current or pre-retirement job? _____	Current or pre-retirement job? _____
What is your <b>gross annual income</b> ? _____	What is your <b>gross annual income</b> ? _____
Will you work in retirement? <input type="checkbox"/> <b>Yes</b> / <input type="checkbox"/> <b>No</b>	Will you work in retirement? <input type="checkbox"/> <b>Yes</b> / <input type="checkbox"/> <b>No</b>
If yes, <b>anticipated</b> gross annual income? _____	If yes, <b>anticipated</b> gross annual income? _____
To what age will you work? _____	To what age will you work? _____
<b>How much are you saving annually?</b> _____	<b>How much are you saving annually?</b> _____

Children Full Name(s)	Date of Birth	Marital Status	# of Children

### RETIREMENT EXPENSES

What is the **net** income you plan to live on when retired? \_\_\_\_\_

**(If you are a property owner be sure to include real estate taxes and insurance)**

Date: \_\_\_\_\_

**ATTENDEE**

**SPOUSE**

**Social Security**

Have you filed for social security?  Yes /  No  
 If yes, when did you start? \_\_\_\_/\_\_\_\_ MM/YYYY  
 What are your current **monthly** benefits? \_\_\_\_\_  
 If not, what age will you begin your benefits? \_\_\_\_\_  
 What is your **monthly** SS Primary Insurance Amount  
 (at Full Retirement Age)? \_\_\_\_\_  
**Use my actuarial age** \_\_\_\_\_  
**Plan to my age of** \_\_\_\_\_  
 Divorced or Widow(er)? \_\_\_\_\_

If you receive a pension from employment in which you did not pay Social Security taxes, your 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 WEP and GPO. Please visit SSA.gov to download your earnings history.

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**Other Income Sources**

Source #1 \_\_\_\_\_  
 Amount \_\_\_\_\_ Starting Age \_\_\_\_\_  
 (EX: Single Life, 100%, 75%, 50% Joint & Survivor, etc.)  
 \_\_\_\_\_  
 Source #2 \_\_\_\_\_  
 Amount \_\_\_\_\_ Starting Age \_\_\_\_\_  
 (EX: Single Life, 100%, 75%, 50% Joint & Survivor, etc.)  
 \_\_\_\_\_  
 Source #3 \_\_\_\_\_  
 Amount \_\_\_\_\_ Starting Age \_\_\_\_\_  
 (EX: Single Life, 100%, 75%, 50% Joint & Survivor, etc.)  
 \_\_\_\_\_

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 Amount \_\_\_\_\_ Starting Age \_\_\_\_\_  
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 \_\_\_\_\_

**DO YOU HAVE RENTAL INCOME?**

Rental Property	Market Value	When will your mortgage be paid off?	Mortgage Balance	Monthly Payment	Principal + Interest	Taxes	Insurance	Net Monthly Rent Income

**ARE YOU A HOME OWNER?**

Market Value	When will your mortgage be paid off?	Mortgage Balance	Monthly Payment	Principal + Interest	Taxes	Insurance

Is there any rental income from this address (room rent, etc.)? If so, how much? \$ \_\_\_\_\_

**ALL ASSETS**

Account Name (Merrill Lynch, Fidelity, John Hancock, Etc.)	Owner Attendee/Spouse	Balance	Type of Account (IRA, 401K, Roth, Checking, Savings, Etc.)

**LIFE INSURANCE**

Company Name	Type of Insurance (Term, Whole, Long-term Care, UL, VUL, etc.)	Face Amount Monthly Benefit	Monthly Premium	Cash Value

