

*Retirement and Estate Planning Organizer*

Provided by:



*For the Family of:* \_\_\_\_\_

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

Securities offered through LPL Financial, member FINRA/SIPC.

## Retirement and Estate Planning Organizer

Client Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Soc Security No. \_\_\_\_\_

Soc Security No. \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Current Annual Income \_\_\_\_\_

Current Annual Income \_\_\_\_\_

Anticipated Retirement Age \_\_\_\_\_

Anticipated Retirement Age \_\_\_\_\_

Annual Retirement  
Income Goal \_\_\_\_\_

Tax Bracket \_\_\_\_\_

Stated in current \$  
After-tax

Home Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

@\_\_\_\_\_ .com

Names of Children

Date of Birth

Dependent

Married

\_\_\_\_\_

\_\_\_\_\_

Y N

Y N

\_\_\_\_\_

\_\_\_\_\_

Y N

Y N

\_\_\_\_\_

\_\_\_\_\_

Y N

Y N

\_\_\_\_\_

\_\_\_\_\_

Y N

Y N

\_\_\_\_\_

\_\_\_\_\_

Y N

Y N

## Contributions to Investments / Income Streams

Current Annual Contributions to Qualified Retirement Plan (401k, 403b, Profit Sharing):

Client \_\_\_\_\_ Spouse \_\_\_\_\_

Current Annual Contributions to IRA's, SEP IRA's or Roth IRA's:

Client \_\_\_\_\_ Spouse \_\_\_\_\_

Do you have a Defined Benefit Pension? Y N

If yes, what is the anticipated annual benefit amount?

Client \_\_\_\_\_ Spouse \_\_\_\_\_

Payment begin \_\_\_\_\_ Payment begin \_\_\_\_\_

Employer-sponsored Non-Qualified Deferred Compensation Plan? Y N

If yes, what is the anticipated annual benefit?

Client \_\_\_\_\_ Spouse \_\_\_\_\_

Payment begin \_\_\_\_\_ Payment begin \_\_\_\_\_

Are you eligible for Social Security? Client Y N Spouse Y N

If yes, what is the benefit: at 62 \_\_\_\_\_

at FRA \_\_\_\_\_

at 70 \_\_\_\_\_

If no, what is the annual retirement benefit from other government-sponsored plan?

Client \_\_\_\_\_ Spouse \_\_\_\_\_

Outside Income (other pensions, rental property, farm rent, consulting, etc.)

Client \_\_\_\_\_ Spouse \_\_\_\_\_

## Estate Planning Questions

Do you have a will? Y N Year last updated \_\_\_\_\_

Do you have a living trust? Y N Year established \_\_\_\_\_

Do you have long-term care insurance? Y N Year purchased \_\_\_\_\_

Do you make annual gifts to heirs? Y N Amount \_\_\_\_\_

Do you have life insurance? Y N Cash Value \_\_\_\_\_ Death Benefit \_\_\_\_\_

## Net Worth Statement

**Assets:**

Client

Spouse

Joint

	Client	Spouse	Joint
Checking/Savings			
CD's			
Stocks			
Stock Options			
Taxable Bonds			
Tax-Exempt Bond			
Equity Mutual Fund			
Fixed Mutual Fund			
Annuities			
Limited Partner.			
Personal Residence			
Other Real Estate			
Business Interest			
Cash Val Life Insur.			
401k, 403b, etc			
Traditional IRA's			
Roth IRA's			
Other Assets			
<b>Total Assets</b>			

**Liabilities:**

Mortgage	Balance _____	Terms _____
Business Loan	Balance _____	Terms _____
Line of Credit	Balance _____ Limit _____	Terms _____
Student Loans	Balance _____	Terms _____