



# AFEA

American Financial Education Alliance

Name \_\_\_\_\_ Name \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_

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

SS @ 62 \$ \_\_\_\_\_ SS @ 62 \$ \_\_\_\_\_

SS @ FRA \$ \_\_\_\_\_ SS @ FRA \$ \_\_\_\_\_

Age 70 \$ \_\_\_\_\_ Age 70 \$ \_\_\_\_\_

What age do you currently plan to take SS income? \_\_\_\_\_ What age do you currently plan to take SS income? \_\_\_\_\_

What age do you plan to retire? \_\_\_\_\_ What age do you plan to retire? \_\_\_\_\_

What is your current annual income? \$ \_\_\_\_\_ What is your current annual income? \$ \_\_\_\_\_

What is/was your occupation? \_\_\_\_\_ What is/was your occupation? \_\_\_\_\_

Current monthly/annual household income/budget requirements \_\_\_\_\_

How will that adjust when you retire? \_\_\_\_\_

(Factor periodic vacations, holiday expenses, vehicle purchases, home maintenance, health care costs, taxes)

What Medical Coverage will you have after retiring? \_\_\_\_\_

What are your concerns for retirement? (Running out of money, paying taxes, long term care costs, inflation/rate of return, safety of assets) \_\_\_\_\_

What is the Minimum amount that you want to maintain in your emergency funds? \_\_\_\_\_

Are you currently or do you plan on caring for family in the future or providing college funds, or financial assistance for family? \_\_\_\_\_

Property: Primary Residence – Value \_\_\_\_\_ Mortgage Bal. \_\_\_\_\_ % Rate \_\_\_\_\_ Pymt \_\_\_\_\_

Anticipated Payoff Date \_\_\_\_\_ Current Taxes \_\_\_\_\_ Current Insurance \_\_\_\_\_ Escrowed \_Y / N\_

2<sup>nd</sup> Mortgage/HELOC – Available \_\_\_\_\_ Bal. owed \_\_\_\_\_ Pymt \_\_\_\_\_ % Rate \_\_\_\_\_ PO Date \_\_\_\_\_

Rental – Value \_\_\_\_\_ Mortgage Bal. \_\_\_\_\_ % Rate \_\_\_\_\_ Pymt/taxes \_\_\_\_\_ Income \_\_\_\_\_ PO Date \_\_\_\_\_

Vac. – Value \_\_\_\_\_ Mortgage Bal. \_\_\_\_\_ % Rate \_\_\_\_\_ Pymt/taxes \_\_\_\_\_ Income \_\_\_\_\_ PO Date \_\_\_\_\_

Other Debt/Type: Total Balance \_\_\_\_\_ Total Payment(s) \_\_\_\_\_ % Rate \_\_\_\_\_

Do you currently have a Will or a Trust? \_\_\_\_\_ (special needs?) \_\_\_\_\_ Last update \_\_\_\_\_

What are your current arrangements or plans for paying for Long Term Care? \_\_\_\_\_

How is your health? \_\_\_\_\_

Will your children be available to take care of you, have you discussed these issues with them? \_\_\_\_\_

How much of your own resources have you set aside to use “dollar for dollar” to pay for care? \_\_\_\_\_

Insurance Info. \_\_\_\_\_

What is your current Market Tolerance/Exposure, how much are you willing to lose? \_\_\_\_\_

Are you able to work longer to make up for any loss or is minimizing your risk a better option? \_\_\_\_\_

What would you consider reasonable interest earned on your assets earmarked for retirement? \_\_\_\_\_

What are you saving annually? \$ \_\_\_\_\_ (on budget) What is your “emergency fund”? (amount) \_\_\_\_\_

Do you receive any other income? (Pension Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_) Inheritance/Expected Inheritance \_\_\_\_\_

What are your annual contributions to 401k/Qualified Accts? Mr. \_\_\_\_\_ Bal.\$ \_\_\_\_\_ Mrs. \_\_\_\_\_ Bal.\$ \_\_\_\_\_

What % does your company match your contributions? Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_

What other IRA’s or TQ assets do you have? \_\_\_\_\_

CD’s, Brokerage Accts., ROTH IRA’s, Bank Accts? \_\_\_\_\_

What do you use Life Insurance for? Final Expenses, Spousal Income Replacement, Pay Off Debt, Family Legacy, Supplemental Tax-Free Income during retirement years, Replace money spent on spouse’s care, Other (circle goals)

Mr/Mrs Type \_\_\_\_\_ Face Value \_\_\_\_\_ Cash Value \_\_\_\_\_ Premium \_\_\_\_\_ Loan \_\_\_\_\_ %Int \_\_\_\_\_

Mr/Mrs Type \_\_\_\_\_ Face Value \_\_\_\_\_ Cash Value \_\_\_\_\_ Premium \_\_\_\_\_ Loan \_\_\_\_\_ %Int \_\_\_\_\_

Mr/Mrs Type \_\_\_\_\_ Face Value \_\_\_\_\_ Cash Value \_\_\_\_\_ Premium \_\_\_\_\_ Loan \_\_\_\_\_ %Int \_\_\_\_\_

Who are your beneficiaries (401k,IRA,Life Ins.) \_\_\_\_\_

Next Appt Location: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_