

# APPOINTMENT DATA FORM



EVERETT WEALTH SOLUTIONS, INC.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

--- Your appointment Date, Time preference will be confirmed in 48 hours ---

- Webinar
  In Office: Forest Park, IL

## Contact Information

	Client	Spouse
First Name		
Last Name		
Birth Date	____/____/____	____/____/____
Phone		
Email		
Street Address		
City, State, Zip		

## Additional Information

## Professional Contact Information

Profession	Name	Email Address	Telephone
Accountant			
Estate Planning Attorney			
Other			

## Other Information

Question	Yes	No	Updated
Do you own health insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you own disability insurance? on you? on spouse?	<input type="radio"/>	<input type="radio"/>	____/____/____
Have you named your beneficiaries?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a will?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a trust?	<input type="radio"/>	<input type="radio"/>	____/____/____

Any transaction that involves a recommendation to liquidate a securities product, including those within an IRA, 401(k) or other retirement plan, for the purchase of an annuity or for other similar purposes, can be conducted only by individuals currently affiliated with a properly registered broker/dealer or registered investment adviser. If your financial professional does not hold the appropriate registration, please consult with your own broker/dealer representative or investment adviser representative for guidance on your securities holdings.

**Additional Information Continued**

**Family Information**

Name	Relationship	Date of Birth	Grade in School or Spouse's Name
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	
		___/___/___	

**Goals**

**Goals**

Date	Description
___/___/___	
___/___/___	
___/___/___	
___/___/___	

**Notes**

Additional Information / Student Grades / ACT/SAT Test Scores / College Information/ Career Interest:



Bank Assets						
Owner	Company	Tax Classification 1099	Investment Vehicle CD, Bond, etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$

Additional Assets - such as College Savings Plans			
Owner	Company	Description	Value
			\$
			\$

Single Premium Immediate Annuities								
Owner	Company	Tax Classification	Payout	Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Guaranteed Income Benefit Annuities								
Owner	Company	Tax Classification	Payout	Payout Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Real Estate Information				
Indicate Cost + Improvement Costs	Mortgage Balance	Type & Int Rate ex: 30 yr 4%	Market Value	Year Bought
Primary Residence			\$	
Other			\$	
Other			\$	
Other			\$	

## Risk Assessment

<b>TIME HORIZON</b> - How much time, in years, can you let your Assets Earmarked for Retirement grow, before you will have to begin withdrawals?	Points
0-2 Years	0
3-5 Years	1
6-10 Years	2
11-12 Years	3
13+ Years	4
Answers to this question will help us determine how long you might leave your money before having to use it in retirement.	Total Points
<b>APPROACH TO SAVINGS &amp; RISK</b> – How do you feel about Saving and Risk?	Points
I do not want to see my principal amount decrease.	0
I cannot afford a significant loss to principal regardless of interest earned.	1
As long as my rate of interest stays ahead of inflation, I don't want the exposure to non - guaranteed financial products.	2
If I can make a moderate rate of interest on my money, I can withstand some fluctuation.	3
I want the potential for higher returns and I am willing to take on some risk.	4
Answers to this question will help us determine your tolerance for risk.	Total Points
<b>INTEREST EARNING</b> - What would you consider reasonable interest earned on your assets earmarked for retirement?	Points
3% - 4%	0
4% - 6%	1
7% - 9%	2
9% - 11%	3
Greater than 11%	4
Answers to this question will help us determine your expectations for interest earned or rate of return.	Total Points
<b>RISK TOLERANCE</b> - You've just bought a financial product for \$100,000. You are exposed to the following best and worst case scenarios. Which possibility would you choose?	Points
Best Case = \$102,000 Increase = \$2,000 Worst Case = \$100,000 Decrease = \$0	0
Best Case = \$104,000 Increase = \$4,000 Worst Case = \$96,000 Decrease = \$4,000	1
Best Case = \$108,000 Increase = \$8,000 Worst Case = \$92,000 Decrease = \$8,000	2
Best Case = \$112,000 Increase = \$12,000 Worst Case = \$88,000 Decrease = \$12,000	3
Best Case = \$116,000 Increase = \$16,000 Worst Case = \$84,000 Decrease = \$16,000	4
Answers to this question will help us determine your risk tolerance.	Total Points

**Expenses:** Take the time to do the Monthly Budget Worksheet

Monthly Expenses	
Current Monthly Expenses After Tax	Projected Inflation Rate: 100+ yr average is 3.24%.
\$	%

**Monthly Budget Worksheet**

\* We will use the average inflation rate unless you change it

Household				
Description	Monthly Amount	*Inflation %	Start Date	End Date
Mortgage <b>Principal &amp; Interest Only</b>	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Real Estate Taxes	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Homeowners Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Home Equity Loan	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Association Dues	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Rent	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Renters Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Utilities – Gas – Electric	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Water – Sewer	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Cable – Phone – Internet	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Maintenance & Improvement	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
House Cleaning	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Daily Living				
Description	Monthly Amount	Inflation %	Start Date	End Date
Food	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Dining Out	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Clothing	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Personal Care	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Healthcare & Insurance				
Description	Monthly Amount	Inflation %	Start Date	End Date
Health Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Prescriptions	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Life Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Long Term Care Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Disability Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Veterinarian	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Transportation				
Description	Monthly Amount	Inflation %	Start Date	End Date
Auto Loans	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Auto Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Fuel	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Repairs	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

## Monthly Budget Worksheet Continued

### Debt & Obligations

Description	Monthly Amount	Inflation %	Start Date	End Date
Credit Cards	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Tuition – Student Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Alimony	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Child Support	\$	%	___/___	<input type="checkbox"/> Life or ___/___

### Entertainment

Description	Monthly Amount	Inflation %	Start Date	End Date
Parties & Events	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Sports – Hobbies – Lessons	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Membership Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Vacation & Travel	\$	%	___/___	<input type="checkbox"/> Life or ___/___

### Miscellaneous

Description	Monthly Amount	Inflation %	Start Date	End Date
Charitable Donations	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Gifts	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Other	\$	%	___/___	<input type="checkbox"/> Life or ___/___

### Liabilities [student loans, credit cards, etc]

Owner	Company	Interest Rate - Min Pmt - Regular Amt Pd	Balance
			\$
			\$
			\$
			\$

### Future Cash Flows [college expenses, inheritance, sale of business, etc.]

Owner	Description	Mode (Annual/Monthly)	Type (Outflow/Inflow)	Taxation (Taxable/Non-Taxable)	Amount	% Change	Start Date	End Date
					\$	%	___/___	___/___
					\$	%	___/___	___/___
					\$	%	___/___	___/___
					\$	%	___/___	___/___

**Your retirement income solution should include:**      guaranteed income      cost of living increases

## Red Line Solutions Ranking

The analysis may show you running out of money during retirement. If this were to occur, how would you rank taking the following steps to help alleviate the red line? Use a scale of 1-6 where 1 would be the most desirable step and 6 the least desirable step.

Red Line Solutions Steps – Rank from 1-6	Ranking
Work Longer, Retire at a Later Date.	
Work a Second or Part Time Job After Retirement.	
Reduce Monthly Expenses.	
If Not Yet Retired, Increase Contributions to Retirement Savings.	
Reverse Mortgage.	
Look for Other Income Alternatives.	

## Life Insurance

### Health Information

Client	Smoker	Health Concerns and Medications
	Yes or No	
	Yes or No	

### Existing Life Insurance Information

Owner	Company	Type (Term/Permanent)	Death Benefit	Monthly Premium	Cash Value	Policy End Date
			\$	\$	\$	<input type="checkbox"/> Life or ___/___
			\$	\$	\$	<input type="checkbox"/> Life or ___/___
			\$	\$	\$	<input type="checkbox"/> Life or ___/___

## Long Term Care or Long Term Disability

### Existing LTC or Disability Coverage Information

Owner	Company	Type (LTC or Disability)	Start Date	Monthly Benefit	Benefit Period	Inflation (Simple/Compound)	Inflation %	Monthly Premium
			___/___/___	\$			%	\$
			___/___/___	\$			%	\$



**Client Signatures**

I hereby attest that the information on this Client Data Form has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your retirement software to create my retirement analysis.

The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement.

EWS does not provide tax or legal advice. Prior to making any financial decisions you should obtain tax or legal advice from a qualified professional.

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

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

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

Everett Wealth Solutions, Inc. [EWS] is a registered investment advisor. EWS provides fiduciary financial planning and asset management services.