

# CLIENT INTAKE FORM

## Discovery Call

---

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

State \_\_\_\_\_ Spouse's DOB \_\_\_\_\_

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

Married \_\_\_\_\_

Children? How many? Ages? \_\_\_\_\_

Health Type:  Poor  Average  Good  Excellent

### 1. Employment

a. What does retirement look like for you and your family?

b. How soon are you looking to retire?

i. Partner 1: \_\_\_\_\_

ii. Partner 2: \_\_\_\_\_

c. What is your current employment status?

i. Partner 1: \_\_\_\_\_

ii. Partner 2: \_\_\_\_\_

### 2. Income

a. What is your current income?

i. Partner 1: \_\_\_\_\_

ii. Partner 2: \_\_\_\_\_

b. What do you need your retirement income to be?

i. Partner 1: \_\_\_\_\_

ii. Partner 2: \_\_\_\_\_

c. Do you know what your income gap will be in retirement?

i. Partner 1: \_\_\_\_\_

ii. Partner 2: \_\_\_\_\_

d. Do you expect any of your current debts to be paid in full before retirement? If not, when do you anticipate them being paid off?

i. Partner 1: \_\_\_\_\_

ii. Partner 2: \_\_\_\_\_

e. When do you need your income to begin?

i. Partner 1: \_\_\_\_\_

ii. Partner 2: \_\_\_\_\_

### 3. Retirement Savings

- a. What is a rough estimate of how much you have saved for retirement?
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_
- b. What type of retirement plans are you investing in now?
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_
- c. Have you lost money in the market this year?
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_
- d. How much of that money do you want to protect...all of it, some of it or none of it?
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_
- e. Do you have any retirement accounts with a previous employer that you are no longer contributing to?
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_

### 4. Retirement Concerns

- a. What are your primary concerns when it comes to your retirement? (Income? Taxes? Cash flow? Medical? Fun Money?)
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_
- b. Do you have long term care coverage in place?
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_
- c. How much money are you comfortably putting into savings each month?
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_
- d. Does your current legacy plan leave your family a lump sum of cash or an annual income stream?
  - i. Partner 1: \_\_\_\_\_
  - ii. Partner 2: \_\_\_\_\_