

# 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 | Spouse's Name |
|------|--------------|---------------|---------------|
|      |              | ___/___/___   |               |
|      |              | ___/___/___   |               |
|      |              | ___/___/___   |               |
|      |              | ___/___/___   |               |
|      |              | ___/___/___   |               |
|      |              | ___/___/___   |               |

**Goals**

**Goals**

| Date        | Description |
|-------------|-------------|
| ___/___/___ |             |
| ___/___/___ |             |
| ___/___/___ |             |
| ___/___/___ |             |

**Notes**



| Bank Assets |         |                         |                                  |   |               |                       |
|-------------|---------|-------------------------|----------------------------------|---|---------------|-----------------------|
| Owner       | Company | Tax Classification 1099 | Investment Vehicle CD, Bond, etc | Allocation  | Account Value | Monthly Contributions |
|             |         |                         |                                  | <input type="checkbox"/> Low Risk<br><input type="checkbox"/> At Risk | \$            | \$                    |
|             |         |                         |                                  | <input type="checkbox"/> Low Risk<br><input type="checkbox"/> At Risk | \$            | \$                    |
|             |         |                         |                                  | <input type="checkbox"/> Low Risk<br><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<br><input type="checkbox"/> Joint | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Annual | \$            | \$             | ___/___            | <input type="checkbox"/> Life or ___/___ |
|                                    |         |                    | <input type="checkbox"/> Single<br><input type="checkbox"/> Joint | <input type="checkbox"/> Monthly<br><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<br><input type="checkbox"/> Joint | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Annual | \$            | \$             | ___/___            | <input type="checkbox"/> Life or ___/___ |
|                                     |         |                    | <input type="checkbox"/> Single<br><input type="checkbox"/> Joint | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Annual | \$            | \$             | ___/___            | <input type="checkbox"/> Life or ___/___ |
|                                     |         |                    | <input type="checkbox"/> Single<br><input type="checkbox"/> Joint | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Annual | \$            | \$             | ___/___            | <input type="checkbox"/> Life or ___/___ |

| Real Estate Information |                     |                 |              |
|-------------------------|---------------------|-----------------|--------------|
|                         | Cost + Improvements | Mortgage Amount | Market Value |
| 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

| Owner | Company | Description | Value |
|-------|---------|-------------|-------|
|       |         |             | \$    |
|       |         |             | \$    |
|       |         |             | \$    |
|       |         |             | \$    |

### Future Cash Flows

| Owner | Description | Mode<br>(Annual/Monthly) | Type<br>(Outflow/Inflow) | Taxation<br>(Taxable/Non-Taxable) | Amount | %<br>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 |
|--------|-----------|-----------------|
|        | Yes or No |                 |
|        | Yes or No |                 |

**Existing Life Insurance Information**

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

**Long Term Care**

**Existing Long-Term Care Coverage Information**

| Owner | Company | Type<br>(Cash/Reimbursement) | Start Date  | Daily<br>Benefit | Years | Inflation<br>(Simple/Compound) | Inflation<br>% | Monthly<br>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: \_\_\_\_\_