

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Working At/ Retired From: \_\_\_\_\_ Current/Former Occupation: \_\_\_\_\_ Retired? Yes No Semi

Spouse Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Working At/ Retired From: \_\_\_\_\_ Current/Former Occupation: \_\_\_\_\_ Retired? Yes No Semi

Home#: ( ) \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Primary Address Street/City/State/Zip \_\_\_\_\_

Were you referred to us? YES NO If so, by whom? \_\_\_\_\_

**FAMILY**

Children's Names	Age	Number of Grandchildren	Grandchildren Ages
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

Who are your trustees and/or executor? \_\_\_\_\_

Do any of your children or grandchildren have special needs? YES NO

Are any of your children or grandchildren listed as joint owners? YES NO

**LEGAL ITEMS**

Which of the following documents do you have?

	Yes	No
Will	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney (POA) Assets	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney (POA) Health	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Date Last Updated	_____	

**ADD'L ITEMS**

Which of the following do you have?

	Yes	No	
Umbrella Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Long Term Care Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Have you prepaid your funeral?	<input type="checkbox"/>	<input type="checkbox"/>	
Death Benefit Type	Whole	Term	Universal
Life Insurance	_____		
Life Insurance	_____		

**CASH FLOW**

Please list <b>monthly income</b> from each source:		Is your current cash flow sufficient and comfortable?	Yes No
	Husband	Wife	
Social Security	_____	_____	Yes No Don't Know
Pension (Survivor Options)	_____	_____	Yes No Don't Know
Wages	_____	_____	Yes No Don't Know
Other Income	_____	_____	Yes No Don't Know
Are these amounts net or gross? Gross Net			Yes No Don't Know
How much are your monthly expenses? _____			Yes No Don't Know
Here are some common expenses: <i>Mortgage, Food, Gas, Car Loan Insurance, Utilities, Gifts/Donations, Medical, Taxes, Social Security, etc.</i>			Yes No
Do you contribute to charity?			Yes No

**LIFE EVENTS**

In the near future I expect to: (Please check all that apply)

- Buy a home
- Sell a home
- Improve a home
- Retire
- Care for a parent
- Start/Expand a business
- Pay off debt
- Start a part-time job
- Help fund education costs for a family member
- Sell a property
- Receive an inheritance
- Purchase a property
- Other \_\_\_\_\_

**ASSETS**

**Assets:** Please check off the accounts you currently hold, note the approximate value and bring in the latest statement.

- Bank / Credit Union Accounts \_\_\_\_\_
- CDs \_\_\_\_\_
- Mutual Funds / Stocks / Bonds \_\_\_\_\_
- Brokerage Accounts \_\_\_\_\_
- Business Interest \_\_\_\_\_
- Annuities \_\_\_\_\_
- Retirement Accounts from Work \_\_\_\_\_
- IRAs / 401K / 403B / Keoghs / TSAs \_\_\_\_\_
- Life Insurance \_\_\_\_\_
- Long Term Care Insurance \_\_\_\_\_
- Promissory Notes / Contract for Deed \_\_\_\_\_
- Other Assets \_\_\_\_\_

**Property:**

	Balance Owed	Payment	Pay off date
Home Value \$ _____	/ \$ _____	/ \$ _____	/ _____
Autos and Personal Property \$ _____	/ \$ _____	/ \$ _____	/ _____
Rental/Add'l Properties \$ _____	/ \$ _____	/ \$ _____	/ _____

**ADD'L INFORMATION**

If you are not already retired, when do you want to retire? \_\_\_\_\_

How did you acquire your wealth?

Who else do you rely on for financial advice and decisions?

If something were to happen to you tomorrow, who do you want taken care of?

Please pick the top two for your retirement "nest egg" money. Why? SAFETY LIQUIDITY GROWTH INCOME

How would you describe your investment knowledge? NONE AVERAGE LIMITED GOOD HIGH EXPERT

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

**CONCERNS**

Which of the following are your top three concerns?

- Losing too much money in the stock market
- Avoid paying too much in taxes
- Considering retirement and not sure if I/we can afford to
- Not having a reliable income plan for retirement
- Concerned about giving away life savings due to a catastrophic illness
- Outliving nest egg
- Uncertainty about stock market
- Leaving a legacy to children and/or grandchildren
- Need direction with 401K and/or IRA accounts

**OBJECTIVES**

Which of the following describes your risk tolerance when it comes to retirement assets?

- Conservative
- Moderate
- Aggressive

What are your Financial Objectives? (Check all that apply)

- Income Now/Later
- Reduce Risk
- Growth Potential
- Reduce Taxes
- Reduce Fees
- Pass to Beneficiaries

The information provided in the analysis is an overview and may not be a complete depiction of your financial concerns or outlook.

Client Initial \_\_\_\_\_ Client Initials \_\_\_\_\_ Agent Initials \_\_\_\_\_ Date \_\_\_\_\_

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