MEDICAL & HEALTHCARE

If under age 65, do you have major medical coverage? ☐ Yes ☐ No Max out-of-pocket $ _____

If over age 65, what parts of Medicare have you signed up for?

☐ Part A ☐ Part B ☐ Part C (Advantage Plan) ☐ Part D (Rx) ☐ Supplemental Plan ☐ Not sure

Are you utilizing a Health Savings Account or Medical Savings Account? ☐ Yes ☐ No

Do you have long-term care insurance? ☐ Yes ☐ No If no, what is the alternate plan? _____

FINANCIAL PLANNING & RISK MANAGEMENT

How would you describe your investment knowledge?

☐ None ☐ Limited ☐ Average ☐ Above Average ☐ Expert

Do you feel you have a full understanding of all your investment fees?

☐ Yes ☐ No Current management fee ____%

What kinds of investments have you made that you liked? _____

What kinds of investments have you made that you disliked? _____

When it comes to your investments, how much risk are you comfortable tolerating?

☐ None, if I could ☐ Low risk ☐ Moderate risk ☐ High risk

At this point in your life, how much are you willing to lose? _____

TAX PLANNING

In the next 30 years, do you think tax rates will: ☐ Increase ☐ Decrease ☐ Remain the same

Do you have a CPA or accountant? ☐ Yes ☐ No ☐ Need referral

Do you contribute to a Roth IRA? ☐ Yes ☐ No Annual amount $ _____

What is your plan for minimizing RMDs? _____

Do you have an estate attorney? ☐ Yes ☐ No ☐ Need referral

Do you have:

☐ Will Last updated year _____

☐ Trust Last updated year _____

Do you feel your estate and wealth transfer plan is optimized for tax efficiency? ☐ Yes ☐ No ☐ Not sure

THANK YOU FOR YOUR TIME.

LIGHTHOUSE FINANCIAL GROUP, LLC

912-354-4200 140 Johnny Mercer Blvd. Ste. 2, Savannah, Ga 31410 www.lifigroup.com

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FAMILY QUESTIONNAIRE

We look forward to getting to know you in your first visit. Please help us by completing this questionnaire **and bringing the following with you to your appointment:**

- ☐ **Most recent year tax return**
- ☐ **Financial statements for all investment accounts**

Statements should include a list of individual positions (ticker symbols and values)

- ☐ **Social Security estimates, if not yet drawing Social Security**
- ☐ **Life insurance statements**
- ☐ **Long-term care insurance statements**
- ☐ **Annuity Statements**

BASIC INFORMATION

First MI Last

Date of Birth Age

Retired? ☐ Y ☐ N ☐ Semi

Desired Retirement Year or Year Retired

Working At/Retired From Job Title

Cell Phone Email

BASIC INFORMATION

First MI Last

Date of Birth Age

Retired? ☐ Y ☐ N ☐ Semi

Desired Retirement Year or Year Retired

Working At/Retired From Job Title

Cell Phone Email

HOUSEHOLD INFORMATION

Home Address City State Zip

Mailing Address City State Zip

Children: Name Age Name Age

Name Age Name Age

Name Age Name Age

Name Age Name Age

WHERE HAVE YOU SEEN & HEARD of LIGHTHOUSE FINANCIAL GROUP?

☐ WTOC 11 Live. Local. Now.

☐ Google

☐

☐ BILLBOARD

☐ REFERRAL

RETIREMENT OBJECTIVES

What concerns you most about retirement?

1.

2.

3.

Who do you rely on for financial advice and decisions?

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

During retirement I/we expect to (check all that apply):

☐ Relocate ☐ Sell property ☐ Care for parent(s) ☐ Start a business

☐ Downsize ☐ Purchase property ☐ Provide for adult children ☐ Sell a business

☐ Improve my home ☐ Rent out property ☐ Work part-time Year

☐ Receive inheritance Approx. Amount ☐ Help fund education Approx. Amount

HOUSEHOLD ASSETS

Please list all values. Include assets owned by BOTH spouses.

Home value $ Balance owed $ Monthly Payment $ Payoff Year

Other real estate/land $: Description:

YOU:

Checking $ Savings $ Money Market/CDs $

401(k)s	403(b)s/Other Employer Plan	Traditional IRAs	Roth IRAs	Other Accounts
$	$	$	$	$
$	$	$	$	$
$	$	$	$	$

SPOUSE/PARTNER:

Checking $ Savings $ Money Market/CDs $

401(k)s	403(b)s/Other Employer Plan	Traditional IRAs	Roth IRAs	Other Accounts
$	$	$	$	$
$	$	$	$	$
$	$	$	$	$

LIABILITIES

Please list all values. Include liabilities owned by BOTH spouses.

Auto loan balance $ Auto loan balance $ Auto loan balance $

Total all credit card balance(s) $ Other Debt $ Describe

INCOME

Current monthly expenses $ Retirement income goal (monthly net of taxes) $

Current income $

YOU:

☐ Wages $

☐ Pension(s) $ $ $

☐ Social Security $ Age started

☐ Other $

SPOUSE/PARTNER:

☐ Wages $

☐ Pension(s) $ $ $

☐ Social Security $ Age started

☐ Other $

Do you have a written retirement income plan? ☐ Yes ☐ No ☐ Don't Know

If yes, is the plan inflation adjusted? ☐ Yes ☐ No ☐ Don't Know

Do you have a plan to maximize Social Security? ☐ Yes ☐ No ☐ Already Drawing

Do you have a plan to maximize pension(s)? ☐ Yes ☐ No ☐ Already Drawing ☐ No Pension