Critical Factors Discovery Form
Personal & Confidential

This preliminary worksheet helps you outline the assets and liabilities in addition to other pertinent financial information in order to allow us to have a clearer understanding of your financial picture.

INSTRUCTIONS:

In order to fully determine your current financial position and future goals. In addition, please bring the **most recent copies** of these documents with you to your first appointment.

1. Contract/Policy for each Annuity and Annuity Statements
2. Brokerage account statements
3. Bank, CD, Savings Statements
4. Mutual Fund Statements
5. IRA Statements
6. 401k, 403B, 457, or DROP Statements
7. Social Security Benefits Statement
8. Life Insurance Policy Statements
9. Long Term Care Policy Statements
10. Estate Planning Documents (Wills, Trust, etc.)

Note: All information is kept confidential. You are under no obligation when we meet and we will not ask you to purchase any financial products. We will use the information you provide to prepare a customized retirement plan, which will contain our recommendations to you.

FAMILY & GENERAL INFORMATION

Name__________________________________ Preferred Name ____________ Marital Status ____________
Address____
(Number/Street) (City/State/Zip Code)
Social Security #__________________ Age_____ DOB___________ Birthplace____________________
Employer Name___________________________Occupation______________
Date Retired or Planned Age You Want to Retire _______________
Home Phone____________________ Business Phone __________________ Cell Phone ________________

Spouse's Name_______________________ Preferred Name ________________
Address____
(Number/Street) (City/State/Zip Code)
Social Security #__________________ Age_____ DOB___________ Birthplace____________________
Employer Name___________________________Occupation______________
Date Retired or Planned Age You Want to Retire _______________
Home Phone____________________ Business Phone __________________ Cell Phone ________________

100 East Sybelia Ave, Suite 110
Maitland, FL 32751
Phone: 407-622-6669 Fax 407-599-9243
http://www.TheFinancialQB.com

Sleep Well At Night Solutions for Retired and Near-Retired Individuals

Primary Retirement Concerns

Which one of the following are important to you?

- ☐ I need advice about my investments; is what I have right for me?
- ☐ I worry about outliving my income. I want to create my own “pension”.
- ☐ I want a personalized retirement plan for peace of mind.
- ☐ I have a variable annuity. Is this the right place and best choice for my money.
- ☐ I want my income to keep pace with inflation.
- ☐ I want to accumulate wealth for the future.
- ☐ I want to preserve wealth for my heirs.
- ☐ I want to protect my retirement assets from nursing home expenses.
- ☐ I want to reduce my income taxes.
- ☐ I need someone to serve as a successor trustee of my trust.
- ☐ I want to take steps to benefit charities, now and/or when I pass.

How do you see your overall personal situation changing in the next few years?

- ☐ I am worried there may be significant changes for the worse in the horizon.
- ☐ Everything seems stable and okay for now, but I am still worried.
- ☐ Everything seems stable and okay for the foreseeable future and may improve.
- ☐ Everything seems like it will improve substantially over the foreseeable future.

Sources of Income

Annual Gross Income (Include joint income under "Yourself")

	Yourself	Spouse
Salaries/Wages/Self-Employment	__________	__________
Retirement (Pension, Profit Sharing, etc.)	__________	__________
Social Security	__________	__________
Investments (Dividends/Interest, etc.)	__________	__________
Alimony/Child Support	__________	__________
Other (Please Specify)		
______________________________	__________	__________
______________________________	__________	__________
______________________________	__________	__________

* If not currently receiving social security benefits, at what age do you plan to take payments? Yourself _____ Spouse_____

Taking into consideration the amounts listed above what is the desired amount of additional monthly income, if any? ________________

Any Large Expenditure Planned? ____

Children

Name	DOB	Dependent	Self-Supporting
______________________________	____________________	_________	____________
______________________________	____________________	_________	____________
______________________________	____________________	_________	____________
______________________________	____________________	_________	____________
______________________________	____________________	_________	____________

Other Dependents

Name	Age	Relationship
______________________________	____________	__________
______________________________	____________	__________

ASSETS (Fair Market Value)

Estimated Net Worth* $______________

Cash

Checking Accounts ____________
Savings/Credit Union ____________
Certificates of Deposit ____________
Bank Money Market ____________
Other Money Market ____________
Other (Please Specify) ____________
____

Stock

Common Stocks ____________
Preferred Stocks ____________
Mutual Funds ____________
Other (Please Specify) ____________
____

Bonds

Municipal Bonds ____________
Corporate Bonds ____________
Government Bonds ____________
Bond Mutual Funds ____________
Other (Please Specify) ____________
____

Real Estate (Not Limited Partnerships)

Residence Fair Market Value _____________
Rental Prop. Fair Market Value _____________
Other (Please Specify) ______________________

Receivables

Mortgage Receivable ____________
Notes Receivable ____________
Other (Please Specify) ____________

Limited Partnerships

Name	Amount

Retirement Plans

	Yourself	Spouse
IRA	_______	________
Keogh/SEP/401K/TSA	_______	________
Employer/Company	_______	________
Other (Please Specify)	_______	________

Other Assets (Specify Personal Property)

Name	Amount

*Personal property such as clothes, coin and stamp collections, etc. will not be included

LIABILITIES

Current Debt_	**Monthly**	**Payment**	**% Rate**
Credit Card Balance	________	________	_______
Loans Payable	________	________	_______
Other Amounts Due			
_______________	________	________	_______
_______________	________	________	_______
_______________	________	________	_______

Long Term Debt (greater than 1 yr.)

Home Mort.	Original Bal.	1st pmt date	Term	Rate	Pmt. (P&I)
___________	__________	_________	_____	___%	________
Other Mort.					
_________	_________	_________	_____	___%	________
Car Loans					
___________	___________	___________	______	____%	_________
Personal Loans					
___________	___________	___________	______	____%	_________
Other (specify)					
___________	___________	___________	______	____%	_________

DISABILITY INSURANCE

Company	Year Issued	Waiting Period	Monthly Benefit	Annual Premium	Employer Paid
____________________	______	______	________	_________	Y N
____________________	______	______	________	_________	Y N
____________________	______	______	________	_________	Y N
____________________	______	______	________	_________	Y N

LIFE INSURANCE

Company	Year Issued	Type*	Face Amt.	Current Cash Value	Annual Premium	Insured
____________________	______	______	________	_________	_______	__________________
____________________	______	______	________	_________	_______	__________________
____________________	______	______	________	_________	_______	__________________
____________________	______	______	________	_________	_______	__________________

T=Term, W=Whole Life, VL= Variable Life, VUL= Variable Universal Life, U=Universal, S=Single Pay

If no life insurance, explain why: ____

If we are to help you plan for life insurance, we need to know some basic information about your overall health.

	His Answers		Her Answers	
Are you a smoker (within the last 12 months)	Y	N	Y	N
Have you ever been diagnosed with Alzheimers disease or dementia, or are you taking any medications for memory loss?	Y	N	Y	N
Do you have emphysema, Chromic obstructive Pulmonary Disease (COPD), chronic lung disease or congestive heart failure?	Y	N	Y	N
Have you been diagnosed with Parkinson's disease, multiple sclerosis or muscular dystrophy?	Y	N	Y	N
In the past 6 months have you had a stroke or heart attack?	Y	N	Y	N
Are you currently being treated for cancer or have you had cancer diagnosed within the past three years?	Y	N	Y	N
Are you currently collecting disability benefits of any kind?	Y	N	Y	N
Have you been diagnosed with AIDS?	Y	N	Y	N

Long-Term Care Insurance

Do you have Long Tern Care Insurance? Y N

If no LTC explain why? ____

Company	Year Issued	Type*	Elimination Period	Daily Benefit	Annual Premium	Insured
____________________	______	______	_________	_________	_______	__________________
____________________	______	______	_________	_________	_______	__________________

Do you have property insurance? _______ Do you have health insurance? _______

Do you have auto insurance? _______

OTHER INFORMATION

Do you have Florida Wills? Yourself_____________ Spouse____________
Do you have Living Trusts? Yourself_____________ Spouse____________
Please indicate special provisions of wills and/or trusts

____
____
____

Have you been making lifetime gifts to reduce your estate? ____ To what extent? ___________________

When was the last time you updated or reviewed your wills and trust documents? ___________________

Are your beneficiary designations up-to-date on your IRA's, Annuities, Pensions, Life Insurance? Y N

ADDITIONAL INFORMATION

____
____
____
____
____
____
____
____
____