



Kelly Capital PARTNERS

Plan to Retire Well

Today's Date _____

Time _____

Confidential Family Questionnaire

PLEASE BRING ALL ASSET STATEMENTS AND SOCIAL SECURITY STATEMENTS TO YOUR FIRST APPOINTMENT

First Name	Last Name	Age	Birth Date	U.S. Citizen (Y/N)
Spouse First Name	Last Name	Age	Birth Date	U.S. Citizen (Y/N)
Residence Address	City	State	Zip Code	
Home Phone	Cell Phone Mr.	Cell Phone Ms.		
Mr. Email Address	Ms. Email Address			

CHILDREN:

Name	Age	State of Residence
Name	Age	State of Residence
Name	Age	State of Residence

Number of Grand Children _____

How did you originally hear about Kelly Capital Partners? _____

Have you heard our radio show: Kelly Capital Retirement Talk? Yes No (Circle one)

Have you visited our website www.kellycapitalpartners.com? Yes No (Circle one)

At the seminar or radio, what was it that we mentioned that caused you to come in for an appointment? _____



EMPLOYMENT:

Employer (last if retired)

Occupation

Retired: Y / N When: _____

If no, estimated retirement date. _____

Spouse Employer (last if retired)

Spouse Occupation

Retired: Y / N When: _____

If no, estimated retirement date. _____

RESIDENCES/PROPERTIES:

Value

Mortgage/Interest Rate

Primary Residence

\$ _____

\$ _____

Second Home

\$ _____

\$ _____

Rental

\$ _____

\$ _____

Property

\$ _____

\$ _____

INCOME PLAN

EARNED INCOME:

Current Wages: \$ _____

Wages (Spouse): \$ _____

Pension: \$ _____ @age: _____

Pension (Spouse): \$ _____ @age: _____

Survivor % on Pension: _____

Spouse Survivor % on Pension: _____

Social Security Benefit: \$ _____ @age: _____

SS (Spouse): \$ _____ @age: _____

Other sources of income (i.e. dividends, inheritance, rental income) \$ _____

Current Annual Household Expenses: \$ _____

Desired Annual Income in Retirement: \$ _____

Required Minimum Distributions (Age 70 ½) \$ _____

RETIREMENT CONCERNS / GOALS:

What are your most prominent retirement concerns or questions?



INVESTMENT PLAN

ASSETS:

Spouse

Joint

Checking \$ _____ \$ _____ \$ _____

Savings \$ _____ \$ _____ \$ _____

MMF \$ _____ \$ _____ \$ _____

CD's \$ _____ \$ _____ \$ _____

INVESTMENTS (Non-Retirement):

Spouse

Joint

Stocks \$ _____ \$ _____ \$ _____

Bonds \$ _____ \$ _____ \$ _____

Mut. Funds \$ _____ \$ _____ \$ _____

Annuities \$ _____ \$ _____ \$ _____

RETIREMENT ASSETS:

Spouse

IRA \$ _____ \$ _____

\$ _____ \$ _____

Roth IRA \$ _____ \$ _____

\$ _____ \$ _____

403B \$ _____ \$ _____

Pension \$ _____ \$ _____

\$ _____ \$ _____

401K \$ _____ \$ _____

\$ _____ \$ _____

Accounts you are contributing to: _____ Amount \$ _____ Match \$ _____

Accounts spouse is contributing to: _____ Amount \$ _____ Match \$ _____



CONCERNS:

Which of the following are your top three concerns?

Losing too much money in the stock market

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

Leaving a legacy to children and/or grandchildren

Avoid paying too much in taxes

Need direction with 401K and/or IRA accounts

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

Conservative

Moderate

Aggressive

FINANCIAL EXPERIENCE:

What kinds of investments in the past have you liked or disliked? _____

Do you have a financial advisor? Yes No

• If yes, what was your experience? _____

• If yes, what type of plan was put in place? _____

CURRENT FEES & EXPENSES: _____ % _____ /year

What would you like your retirement to look like? (i.e. travel, winter in South, work part time, pursue hobbies, etc.) _____

Do you keep enough money available for emergencies? \$ _____

Do you have any large purchases or expenditures that you anticipate in the next 3-5 years? (i.e. home improvements, second home, automobile or vacation) How much is needed? \$ _____

When? _____

Do you have any outstanding debt other than mortgages? \$ _____



TAX PLAN

Current Tax Rate: _____

Opportunity for Roth Conversion? Yes No

Is there a need for life insurance to leave tax-free money to heirs? Yes No

Current CPA / Attorney: _____ Need Referral? Yes No

Current Life Insurance Policies:

<u>Insured</u>	<u>Company</u>	<u>Death Benefit</u>	<u>Term or Permanent</u>	<u>Premium</u>	<u>Notes</u>

If your employer provides Life Insurance, will it continue once you retire? Yes No (Circle one)

HEALTHCARE PLAN

Do you own any Long-Term Care Insurance? Y / N Benefit Amount: \$ _____ per month

How would you rate your health? _____ Health of spouse? _____

Does your employer provide Health Insurance after you retire? Yes No (Circle one)

If yes, will your spouse be eligible for the same health insurance coverage? Yes No (Circle one)

Age of parents if still living? _____ or age at death? _____

LEGACY PLAN

Do you have a will in place? Yes No If yes, does it need updating? Yes No

Do you have a revocable living trust in place? Yes No

Are your accounts titled properly and beneficiaries listed/up-to-date? Yes No