



Strategy Session Intake Form

Name _____ Name _____
DOB _____ AGE _____ DOB _____ AGE _____

SS @ 62 \$ _____ SS @ 62 \$ _____
SS @ FRA \$ _____ SS @ FRA \$ _____
Age 70 \$ _____ Age 70 \$ _____

What age do you currently plan to take SS income? _____ What age do you currently plan to take SS income? _____
What age do you plan to retire? _____ What age do you plan to retire? _____
What is your current annual income? \$ _____ What is your current annual income? \$ _____

Current annual household income requirements _____
How will that adjust when you retire? _____
(Factor periodic vacations, holiday expenses, vehicle purchases, home maintenance, health care costs)
What Medical Coverage will you have after retiring? _____
What is your current step by step plan to fund your budget during retirement? (Turn over and use the back to draw a diagram/map or list what your current strategy is) _____

Do you plan on caring for family in the future or providing college funds, or financial assistance for family? _____
If yes; How much, time frame, and what are your current ideas for funding such events? _____

Property: Primary Residence –
Value _____ Mortgage Bal. _____ % Rate _____ Pymt/taxes _____ Anticipated Payoff Date _____
2nd Mortgage/HELOC – Bal. _____ Pymt _____ % Rate _____
Rental – Value _____ Mortgage Bal. _____ % Rate _____ Pymt/taxes _____ Income _____ PO Date _____
Rental – Value _____ Mortgage Bal. _____ % Rate _____ Pymt/taxes _____ Income _____ PO Date _____
Vac. – Value _____ Mortgage Bal. _____ % Rate _____ Pymt/taxes _____ Income _____ PO Date _____

Other Debt: Total Balance _____ Total Payment _____
Do you currently have a Will or a Trust? _____ Last update _____

What are your concerns for paying for Long Term Care costs? _____
What are your current arrangements or plans for this? _____
How much of your own resources are you willing to use “dollar for dollar” to pay for care? _____
How will this affect your INCOME GAP & TAXES? _____

Considering your current Market Exposure, how much are you willing to lose? _____
Are you able to work longer to make up for any loss or is minimizing your risk a better option? _____

What are you saving annually? \$ _____ (should be listed on budget) _____
What are your annual contributions to Qualified Accts? Mr. _____ Mrs. _____
What % does your company match your contributions? Mr. _____ Mrs. _____

What do you use Life Insurance for? Final Expenses, Spousal Income Replacement, Payoff Debt, Family Legacy, Supplemental Tax-Free Income during retirement years, Other (circle goals)

Life Insurance –
Mr/Mrs Type _____ Face Value _____ Cash Value _____ Premium _____ Loan _____
Mr/Mrs Type _____ Face Value _____ Cash Value _____ Premium _____ Loan _____
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Next Appt Location: _____ Day: _____ Time: _____ Date: _____