



Date Completed: _____

Retirement Strategy Analysis

6641 N. High Street, Suite 200
Worthington, Ohio 43085

Phone: 614-430-8383
Fax: 614-344-4100

Please complete this form and return to us, fill in all relevant information.

Client Information:

Name: _____ Age: _____

Nickname: _____

Occupation: _____ Employer: _____

Annual Income (Last year working if retired): _____

Spouse Information:

Name: _____ Age: _____

Nickname: _____

Occupation: _____ Employer: _____

Annual Income (Last year working if retired): _____

Amounts in Banks, Savings & Loans, and Credit Unions (NON-IRA)

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Approximate Balance</u>

**At Young Wealth Management, we take the issue of privacy very seriously. We want to assure you that we protect your security, privacy and confidentially regarding any information that you share with us.*

IRA Accounts and Other Retirement Accounts

(Please provide the most recent statement/report)

<u>Account Holder</u>	<u>Location of Account (Bank, Broker, Employer)</u>	<u>Type of Account (401(k), 403(b), IRA, etc.)</u>	<u>Approximate Market Value</u>

When do you plan to retire? _____

Brokerage Accounts, Mutual Funds, Stocks, and Bonds

(Please provide the most recent statement/report)

<u>Account Holder</u>	<u>Name of Brokerage Firm or Mutual Fund</u>	<u>Approximate Market Value</u>

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Real Estate and Residence

<u>Property Address</u>	<u>Original Cost</u>	<u>Debt Owed</u>	<u>Approximate Market Value</u>

Family Business / Partnerships

<u>Name of Partnership</u>	<u>Type of Investment</u>	<u>Amount Invested</u>	<u>Market Value</u>

Long Term Care

<u>Insured</u>	<u>Monthly Benefit/ Premium Amount</u>

Life Insurance

(Please provide policy documents and latest statements)

<u>Insured</u>	<u>Name of Company</u>	<u>Type of Insurance</u>	<u>Cash Value</u>	<u>Death Benefit</u>

Will or Trust: _____ Up to date? : _____ Updated on: _____

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Social Security

His S.S. @62: _____ @FRA: _____ @70: _____

Her S.S. @62: _____ @FRA: _____ @70: _____

(Please provide latest statements - accessible at <https://secure.ssa.gov/RIL/SiView.action>)

Pensions, or Other Streams of Income

<u>Account Holder</u>	<u>Source</u>	<u>Monthly Amount</u>

(Please provide policy documents and latest statements)

Children

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Filed as Dependant</u>	<u>Funds Needed for College</u>	<u>Grandchildren</u>
			Y / N		
			Y / N		
			Y / N		
			Y / N		
			Y / N		

Other Assets

Approximate value of Person Property (Household goods, Jewelry, Cars, Etc.): \$ _____

Other Assets/Liabilities (Both Present and Future):

Please list your Primary Financial Concerns & Goals:

Approximate Monthly Expenses: (Please include regular bills and all entertainment/fun)

Appointment Checklist:

(Make sure you have the following items for your financial evaluation)

- | | |
|--|---|
| <input type="checkbox"/> Annuity Statements | <input type="checkbox"/> Brokerage Statements |
| <input type="checkbox"/> Mutual Fund Statements | <input type="checkbox"/> Life Insurance Policies & Statements |
| <input type="checkbox"/> Last Year's Tax Return | <input type="checkbox"/> Social Security Statement |
| <input type="checkbox"/> Retirement Account Statements | |

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