

Worry Free Retirement

Starter Kit

Appt. Date/Time _____

Location _____

Family Information Today's Date: _____

Name: Go By: Date of Birth:

Spouse: Go By: Date of Birth:

Mailing Address:

City: State: Zip Code:

Home Phone: Your Cell: Spouse Cell:

Other Phone: Best Email:

Marital Status: Number of Children: Number of Grandchildren:

	Child's Full Name:	Birthdate:	Address:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment/Income Information

You:	Occupation: <input type="text"/>	Spouse:	Occupation: <input type="text"/>
Retire Date: <input type="text"/>	Employer: <input type="text"/>	Retire Date: <input type="text"/>	Employer: <input type="text"/>
Are you employed? <input type="radio"/> Yes <input type="radio"/> No		Are you employed? <input type="radio"/> Yes <input type="radio"/> No	
Annual Wages: <input type="text"/>		Annual Wages: <input type="text"/>	
Monthly Pension: <input type="text"/>		Monthly Pension: <input type="text"/>	
Social Security: <input type="text"/>		Social Security: <input type="text"/>	
Interest/Dividends: <input type="text"/>		Interest/Dividends: <input type="text"/>	
Other _____: <input type="text"/>		Other _____: <input type="text"/>	
Other _____: <input type="text"/>		Other _____: <input type="text"/>	

NOTES:

Documents Needed for Appointment

- Social Security Estimate Statement
- Current Insurance Policies (life, long-term care)
- Investment Statements (brokerage, IRA, 401k, Roth)
- Bank Statements (CD's, Money Market, Savings)
- Other _____

- Annuity Contracts
- Most Recent Tax Return
- Most Recent Paycheck Stub
- Pension Statement/Information
- Other EACH SPOUSES
WWW.3PERSONALITIES.COM

Financial Information:

Please complete all that apply to you:

TOTAL ASSETS:

	Current Value	Amount of Debt	Current Monthly Payment/Contribution	Interest Rate
Residence				
Other Real Estate				
Retirement Accounts (yourself)				
Retirement Accounts (spouse)				
Stock Brokerage Accounts (non IRA)				
Checking				
Savings/Money Markets				
CDs				
Life Insurance Cash Value (yourself)				
Life Insurance Death Benefit (yourself)				
Life Insurance Cash Value (spouse)				
Life Insurance Death Benefit (spouse)				
Annuities (non IRA or retirement acct's)				
Other _____				
Other _____				

TOTAL LIABILITIES:

Vehicles				
Credit Cards				
Home Equity Line of Credit				
Student Loan				
Student Loan				

TEST YOUR LEVEL OF WORRY

How worried are you about your financial future? This quick test will tell you. Just circle the appropriate response and list your top three worries at the bottom of the page. A member of our Network will discuss your worries to begin a plan of attack for eliminating them.

I'M WORRIED THAT...	NOT			SOMEWHAT				VERY		
	1	2	3	4	5	6	7	8	9	10
I am uncertain if I can retire now or need to keep working	1	2	3	4	5	6	7	8	9	10
I will one day run out of money in retirement	1	2	3	4	5	6	7	8	9	10
I am currently paying too much in taxes and fees on my money	1	2	3	4	5	6	7	8	9	10
I have no game plan in place to use, enjoy and protect my money	1	2	3	4	5	6	7	8	9	10
I have too much of my money at risk	1	2	3	4	5	6	7	8	9	10
I have made my finances too complicated — not simplified enough	1	2	3	4	5	6	7	8	9	10
I don't have a trusted advisor who can guide me	1	2	3	4	5	6	7	8	9	10
I will spend all of my money on health care and/or end up in a nursing home	1	2	3	4	5	6	7	8	9	10
I don't have a clear plan in place to provide for loved ones at my death	1	2	3	4	5	6	7	8	9	10
I don't know how best to manage my retirement plan — 401k, IRA or Thrift	1	2	3	4	5	6	7	8	9	10

Name: _____

Today's date: _____

TOP THREE WORRIES

1. _____
2. _____
3. _____

NETWORK MEMBER NOTES



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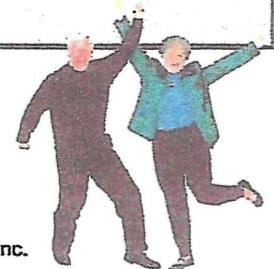
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1. _____

2. _____

3. _____

NETWORK MEMBER NOTES



There are only so many things you can do with your money
The Choice is yours

Each Spouse, Select your top three highest priorities.
Select in the order of importance: your first priority (mark with
a "1"), your second priority (mark with a "2") and your third
choice (mark with a "3")

Most Importantly I want my assets positioned to :

Husband Spouse

_____ _____ Spend it (to spend down the majority
of my nest egg principle , up until the day I pass)

_____ _____ Produce Income (To spend)

_____ _____ Invest for Growth ,without risk to
Principle

_____ _____ Invest for Growth ,with risk to
principle (Principle could suffer downward from the certainty
of volatility)

_____ _____ Pass it on to my family (most
assuredly to my family and not the IRS or nursing homes).

For ESTATE and INCOME PLANNING

How is your overall health? Heredity is 25%, lifestyle is 75%, of longevity predictability.
Taking into consideration your overall health and lifestyle, what is your best guess,

How Long do you think you are going to live?

I should live up to (what age) MR _____ MRS _____

Answer the next questions by circling the appropriate response of : YES or No

Does either you or your spouse , have any personal history Of Cancer, Heart disease or diabetes? Yes / No

Do both spouses currently have any Long Term Care/ Disability Income protection? Yes / No

Are any kids or grandkids dependent upon you, in any way? Yes / No

Does either spouse, or kids, or grandkids have any disabilities? Yes / No

Do you have health insurance and will it remain in force at least through age 65? Yes / No

Do you have any of the 12 Estate Documents in place? Yes/ No

Is not being a burden on your love ones, when you die or become incapacitated, Important to you? Yes / No

In Retirement, What is your spending plan.

Many of your monthly expenditures you already know the approximate amount of, because of familiarity and of course, it is OK to approximate here.

STEP ONE: Gather information from your previous monthly bills, so you can record your actual monthly expenses.

STEP TWO: In / For Retirement, Record your retirement monthly expenses. For any bills that are paid on a quarterly, semiannual or annual basis, we suggest you handle this way: determine what the bill will cost you on an annual basis, then divide by 12 (for 12 months), then this will become the average cost per month. Enter this amount on your worksheet.

Keep in mind, If you or your spouse are not yet fully retired, remember some expenses in retirement maybe lower, lower expenses than when you were working, such as: wardrobe costs, dry cleaning costs, hair salons , no more additional mileage /travel expense driving to the work place, fewer workweek restaurant lunches, no longer contributing to your 401K, tax preparation fees , your mortgage eventually will be paid off or you may choose to downsize your home , thus lowering your monthly housing costs etc.

If you do not have all your monthly records handy, of course it is OK to use approximates and of course, when we plan, part of the planning process is , we will make sure to go over with you, the importance for you to have a comfortable cushion of positive cash flow.

SPENDING PLAN

Client's name _____

Today's date _____

STEP 2 — MONTHLY EXPENSES

Expenses	Date due	Budgeted Amount	Actual Amount
Home Mortgage			
Home Equity Account			
Credit Card - VISA			
Credit Card - Mastercard			
Credit Card			
Credit Card			
Credit Card			
401(k) plan			
Roth contribution			
Savings Account			
Other Savings/Investments			
Health Insurance			
Life Insurance			
Disability Insurance			
Automobile Insurance			
Rent			
Home Phone			
Cell Phone			
Cable			
Internet			
Electric Bill			
Gas Bill			
Garbage Collection			
Water/Sewer			
Car Gasoline			
Groceries/Toiletries			
Pharmacy			
Dining Out			
Drycleaning			
Clothing/Shoes			

SPENDING PLAN

STEP 2 — MONTHLY EXPENSES (CONT.)

Expenses	Date due	Budgeted Amount	Actual Amount
Health Club			
Beauty/Hair/Nails			
Entertainment			
Housekeeping Fees			
Gifts			
Landscaping/Mowing			
Charities / Donations			
Childcare Expenses			
Car Repairs			
Triple AAA			
Other			
Other			
Other			
Monthly Escrow Account			
Total Expenses			

Use the following table to determine how much money should be set aside in escrow each month in order to pay quarterly, semi-annual and annual payments.

Expenses	Yearly	Monthly
Husband car insurance		
Wife car insurance		
Bank service fees		
Car property taxes		
Holiday savings fund		
Lawn care		
Medical expenses		
Trash collection		
Real estate taxes		
Tax preparation		
Home maintenance		
Homeowner's insurance		
Other		
Other		
Other		
Escrow accounts totals		