SAINT LOUIS RETIREMENT ADVISORS

Retirement Planning The Way It Should Be...
In a Language You Can Understand

133 Chesterfield Business Parkway
Chesterfield, Missouri 63005
636.530.9977
www.stlouisfinancialadvisor.com

CONFIDENTIAL INFORMATION

PERSONAL INFORMATION – CLIENT	PERSONAL INFORMATION – CO-CLIENT
Legal Name	Legal Name
I Prefer To Be Called	I Prefer To Be Called
Address	Address
Date of Birth	Date of Birth
Cell Phone	Cell Phone
Email Address	Email Address
Occupation	Occupation
Employer	Employer
	Work Address

Marital Status ❑ Single ❑ Married ❑ Divorced ❑ Widow(er) ❑ Unmarried Partner

CHILDREN/DEPENDENTS

Name & Relationship	Date of Birth	Annual Cost of College	1st Year of College	Earmarked Funds	What % will you pay?

SOURCES OF INCOME – CLIENT	SOURCES OF INCOME – CO-CLIENT
Base Salary	Base Salary
Expected Bonus	Expected Bonus
Social Security (Annual)	Social Security (Annual)
Pension	Pension
Other	Other

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FINANCIAL PLANNING OBJECTIVES

Please rank from 1-10, 1 being the most important	Client's Ranking	Please rank from 1-10, 1 being the most important	Client's Ranking
Adequate Life, Long Term Care & Disability Insurance		Adequate Life, Long Term Care & Disability Insurance	
Build Wealth		Build Wealth	
College Funding Strategy		College Funding Strategy	
Leave a Legacy to My Children		Leave a Legacy to My Children	
Purchase a Home		Purchase a Home	
Purchase a Vacation Home		Purchase a Vacation Home	
Reduce Estate Taxes		Reduce Estate Taxes	
Reduce Income Tax		Reduce Income Tax	
Retirement Comfort		Retirement Comfort	
Other (Specify)		Other (Specify)	

SOURCES OF INCOME – CLIENT

What do you consider a reasonable rate of return on a long-term investment portfolio? %

If your investment account dropped in value, at what percent would you be concerned? %

What investments would you consider? (Check all that apply)
❏ CDs ❏ Stocks ❏ Mutual Funds ❏ Bonds ❏ Annuities ❏ ETF ❏ Other, please explain

What is the best investment you ever made?

What is the worst investment you ever made?

If you are considering changing your current investment advisor, please explain why.

ESTATE PLANNING

Client	Co-Client
Do you have a will? ❏ Yes ❏ No	Do you have a will? ❏ Yes ❏ No
Have you exchanged powers of attorney with anyone? ❏ Yes ❏ No If so, who?	Have you exchanged powers of attorney with anyone? ❏ Yes ❏ No If so, who?
Do you have a current health care directive? ❏ Yes ❏ No	Do you have a current health care directive? ❏ Yes ❏ No
Do you have any trusts? ❏ Yes ❏ No Why did you establish it?	Do you have any trusts? ❏ Yes ❏ No Why did you establish it?
Are any inheritances expected? ❏ Yes ❏ No When? How much?	Are any inheritances expected? ❏ Yes ❏ No When? How much?

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RETIREMENT PLANNING

At what age do you plan to retire? Client Co-Client

How much annual income, in today's dollars, will you want in retirement?

Do you plan on working after retirement? Yes ❑ No ❑ Earnings per year $

How many years will you work?

Do you have any aspirations to make seasonal location changes? (ie. winters in Florida?) Yes ❑ No ❑ Explain:

Do you have plans to change your residence in the near future? Yes ❑ No ❑ Explain:

Do you have long term plans of owning a vacation home? Yes ❑ No ❑ Explain:

Have you verified the status of your social security benefits? Yes ❑ No ❑ If yes, what is the full monthly benefit you can expect? Client Co-Client

Do you expect to have any debts in retirement? Yes ❑ No ❑ Explain:

ASSETS

Indicate Ownership: C = Client, CO = Co Client, J = Joint, T = Trust

Bank/Money Market Accounts/Checking/Savings	Ownership	Current Value	Interest Rate - %

Investment Accounts/Brokerage	Ownership	Current Value	Annual Contribution

RETIREMENT PLANS - CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Where Invested?	Current Value	Your Annual Contribution	Employer Match %	% Vested In Plan

RETIREMENT PLANS - CO-CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Where Invested?	Current Value	Your Annual Contribution	Employer Match %	% Vested In Plan

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REAL ESTATE PROPERTY

	Home	Other #1	Other #2
Address			
Please Describe (vacation home, investment property etc.)			
Owner (Joint, Trust, etc.)			
Current Market Value			
Current Mortgage Balance			
Interest Rate/Years Remain			

HOME EQUITY LOAN/LINE OF CREDIT

Bank Name	Credit Limit	Outstanding Balance	Original Date	Interest Rate	Form of Payment

PERSONAL PROPERTY (OTHER THAN REAL ESTATE)

	Car #1	Car #2	Furniture & Jewelry	Collectibles	Other: Describe
Owner					
Estimated Value					

LIABILITIES (NOT REAL ESTATE)

List all Loans and Debts (Auto, School, Credit Cards, etc)	Amount Due	Monthly Payment	Est. Payoff Date	Interest Rate

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LIFE INSURANCE

Life Insurance	Policy #1	Policy #2	Policy #3	Policy #4
Company Name				
Policy Type (Whole life, term, universal life, group, etc)				
Face Value $				
Cash Value $				
Premium $				
Insured				
Beneficiary				

YOUR THOUGHTS & QUESTIONS

This area is reserved so you can prepare any questions you have for us.

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2)

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