



# WHAT YOUR LET-US-SEE FINANCIAL GROUP RETIREMENT SPECIALIST NEEDS TO KNOW

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Write down your retirement expenses, income and saving on this **Help-Sheet**. Having this information in one place will allow you to create a plan and assess your current retirement goals and risks. It will be a good starting point between you and your financial professional to help build your retirement income strategy.

**If you have any question, call our office at 336-275-4203**

## RETIREMENT EXPENSES

- Property Taxes \_\_\_\_\_
- Mortgage(s) \_\_\_\_\_
- Food \_\_\_\_\_
- Clothing \_\_\_\_\_
- All Utility Bills \_\_\_\_\_
- Phone(s) \_\_\_\_\_
- Entertainment Items \_\_\_\_\_
- Transportation \_\_\_\_\_
- Insurance Premiums \_\_\_\_\_
- Health Costs (Out of P.) \_\_\_\_\_
- Prescription Drugs \_\_\_\_\_
- Other Expenses \_\_\_\_\_
- Other Wanted Essentials \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Anything can be an essential if it will help your quality of life in retirement. Dining out, charitable giving, vacations and hobbies may all be essential to your retirement and It's important to plan for them if they are.

## RETIREMENT INCOME

- Social Security \_\_\_\_\_
- Pension \_\_\_\_\_
- P-T Employment \_\_\_\_\_
- Other Income \_\_\_\_\_
- Rental Income \_\_\_\_\_
- Residual Income \_\_\_\_\_
- Inheritance Income \_\_\_\_\_

## RETIREMENT SAVINGS

- Cash \_\_\_\_\_
- 401(k)s \_\_\_\_\_
- IRA(s) \_\_\_\_\_
- Pension Plan \_\_\_\_\_
- Stocks \_\_\_\_\_
- Bonds \_\_\_\_\_
- Other Accounts \_\_\_\_\_

Use this Help-Sheet for a quick overview to your retirement needs. For a more detailed overview, please see our 3-page **Budget Worksheets** included on our website. (LUSFG.com)

# FUTURE NEEDS ANALYSIS

LET-US-SEE Financial Group

The following items are needed to assist us in completing a plan for your financial future. Please have the items listed below available upon our visit. The items below will help us develop a more accurate analysis. (Please print all information)

Name \_\_\_\_\_ Ph ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

your checks

our checks

\_\_\_\_\_ **Current Pay Stub:** Pay stub may show, taxes, benefits, contributions, and deductions \_\_\_\_\_

\_\_\_\_\_ **Personal and Company Retirement Plan Statements** \_\_\_\_\_  
(IRA's, SEP'S, 401K, 403B, etc.)\*

## QUESTIONS TO ASK YOUR RETIREMENT COMPANY

	<u>CLIENT</u>	<u>SPOUSE</u>
<b>Q-1</b> What is the current balance?	\$ _____	\$ _____
<b>Q-2</b> What percentage of my pay is invested per pay period?	_____ %	_____ %
<b>Q-3</b> What is the <b>maximum</b> percentage of pay the company will match?	_____ %	_____ %
<b>Q-4</b> What will the company match for each dollar I invest? (Ex. Dollar for dollar, 50 cents for a dollar, etc.)	\$ _____	\$ _____
<b>Q-5</b> What is the <b>maximum</b> percentage of pay I can invest in my plan?	_____ %	_____ %
<b>Q-6</b> What is my vesting schedule if any? (Ex. 20% the 1 <sup>st</sup> year, 40% the 2 <sup>nd</sup> year, 100% the 5 <sup>th</sup> year, etc.)	_____	_____

\_\_\_\_\_ **Loan Documents and Credit Cards Statements** \_\_\_\_\_  
(See back side of form to list debt payments)

\_\_\_\_\_ **Home Owner(s) and Auto Policies** (Declaration/Information Pages **Only**) \_\_\_\_\_

\_\_\_\_\_ **Personal Insurance Policies** \_\_\_\_\_

\_\_\_\_\_ **KNOW YOUR:** Current Face Amount of Group Insurance Coverage and Cost\* \_\_\_\_\_

\_\_\_\_\_ **KNOW YOUR:** Current Saving Value: in stocks, bonds, and other investments \_\_\_\_\_

\_\_\_\_\_ **KNOW YOUR:** Market Value of your Home(s) (the price it could be sold for now)

\*Use your companies 800#'s to obtain the most current information.



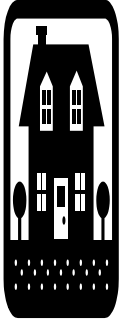







# WHAT ARE YOUR FINANCIAL GOALS? LET-US-SEE Financial Group

Please number from 1-5 in the boxes below, (1) is the most important.

- Increase My Income                       Reduce My Taxes                       Buy a New Home
- Make a Major Purchase (boat, car, furniture, vacation home, etc.)       Pay Off All Debts
- Pay Off All Debts Excluding Mortgage                       Save For College Education
- Build Retirement Assets (Retirement Freedom Goals)       Others (Specify) ( \_\_\_\_\_ )

1. What's the **least amount** of monthly income you desire at retirement?  
\$ \_\_\_\_\_
2. What **year** at the latest do you plan to retire? (worth case age?)  
\_\_\_\_\_
3. How much of your **monthly retirement income** do you expect to receive from Social Security and company paid pension plans? (Not what you will receive from 401K, 403B, IRA's, CD's, etc.)  
\$ \_\_\_\_\_
4. What is the approximate **value** of your investment portfolio now? (Mutual Funds, 401K, IRA's, ETF's, etc. – exclude company paid pensions and social security).  
\$ \_\_\_\_\_
5. How much money do you currently **invest** monthly in long-term savings?  
\$ \_\_\_\_\_
6. How much additional money can you **invest** into a **long-term** saving now?  
\$ \_\_\_\_\_
7. How much money do you have **set aside** for emergencies? (Note: 6-12 months of Living expenses needed.)  
\$ \_\_\_\_\_
8. Do you feel you currently **have a plan** in place to accomplish your retirement goal in your desired time frame?  
\$ \_\_\_\_\_
9. Which of the following expenses do you **deduct on your taxes** each year? (✓ all that apply)  
 Car/Truck Expenses       Meals                       Business Interest       Communications  
 Wages                       Depreciation               Travel                       None

# BUDGET WORKSHEET

BUDGET WORK SHEET	Yearly*	EXPENSE	Weekly	Per Pay Check	Monthly	Quarterly	Notes
		Religious / Tithes (10%)					
		Charitable Contributions					
		Retirement / 401k / IRA (10%)					
		Saving / Emergency Plans					
		Bank / Checking / Money Mkt.					
		Mortgage / Rent (80%)					
		Homeowner Insurance*					
		Electric					
		Heat / Gas / Oil / Propane					
		Property Taxes*					
		Water / Sewer / Garbage					
		Home Phone / Cell Phone					
		Maintenance / Cleaning					
		Religious Offerings					
		Others					
		Groceries					
		Work Lunch Bought					
		School Lunches Bought					
		Car Payment					
		Car Payment					
		Gasoline (total)					
		Car Maintenance (total)					
		Auto Insurance					
		Bus/Taxi/Tolls/Park/Tickets					
		Medications					
		Health Insurance					
		Doctor Visit / Co-Payments					
		Dentist / Ophthalmologist					
		Dry Cleaning					
		Clothing (all family members)					
		Vacations					
		Meals Out					
		TV/Mus/Phone/Internet cable					
		Magazine Subscriptions					
		Others					
		Personal / Job Life Insurance					
		Child / After School Care					
		Allowances					
		Barber / Beauty Shop					
		Tobacco / Alcohol / Gambling					
		Exercise Club / Others					
		Bowling / Golf / Fee Hobbies					
		Others					
<b>TOTAL:</b>			<b>TOTALS:</b>				

Name \_\_\_\_\_ Make **copies** of this "Budget Worksheet" for future use!

**Note:** Enter your figures rounded-up to the nearest **5th/10th**. (Ex. 14.76 = \$15, 18.43 = \$20)

**Note:** Complete a budget worksheet follow-up every **three months** to track your progress!

# BUDGET WORKSHEET

**DEBT MANAGEMENT DATA - Home Mortgage (1st) / Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_**

Mortgage Company: \_\_\_\_\_ Current Mortgage Balance \$ \_\_\_\_\_ Interest Rate (note) \_\_\_\_\_ %

When did you get your current mortgage? \_\_\_/\_\_\_/\_\_\_ How much could you sell your house for? \$ \_\_\_\_\_

Truth in Lending Statements are very helpful!

Annual Percentage Rate (APR)	Finance Charge	Amount Financed	Total Payments
%	\$	\$	\$

	Payment Details:	Notes:	
Principal & Interest Payment	\$ _____		Additional Principal Payments: \$ _____
Monthly Property Taxes	\$ _____		Homeowners Ins. Co. Name: _____
Monthly Homeowner Insurance	\$ _____		Agent Phone # (    ) _____ - _____
Private Mortgage Ins. (PMI/MIP)	\$ _____		Homeowners Policy # _____
<b>Total:</b>	\$ _____		

**LIST CONSUMER DEBTS**

Debt Names	Debt Balance	Minimum Payment	Actual Payment	Fixed Rev.	Int. Rate %
<b>2nd Mortgage</b>	\$ _____	\$ _____	\$ _____		%
Car #1	\$ _____	\$ _____	\$ _____		%
Car #2	\$ _____	\$ _____	\$ _____		%
Credit Card #1	\$ _____	\$ _____	\$ _____		%
Credit Card #2	\$ _____	\$ _____	\$ _____		%
Credit Card #3	\$ _____	\$ _____	\$ _____		%
Credit Card #4	\$ _____	\$ _____	\$ _____		%
Personal Loan	\$ _____	\$ _____	\$ _____		%
Personal Loan	\$ _____	\$ _____	\$ _____		%
Personal Loan	\$ _____	\$ _____	\$ _____		%
Student Loan	\$ _____	\$ _____	\$ _____		%
Student Loan	\$ _____	\$ _____	\$ _____		%
Other	\$ _____	\$ _____	\$ _____		%
Other	\$ _____	\$ _____	\$ _____		%
Other	\$ _____	\$ _____	\$ _____		%
<b>Total Debts:</b>	\$ _____				

**Note:** Any leased items like cars, furniture, etc... treat it as a living expense. If you have more debt than spaces provided, combine the smaller similar interest rates and payments types.

**INCOME AND RETIREMENT:**

**INCOME SOURCES:**

Monthly Gross (Pretax) Income

Other Monthly Income

Monthly Income Taxes

Pay Schedule: (Wk., Bi-wk., 2/M, Monthly)

Do you normally receive a tax refund?

If "Yes" what did you do with it?

Client	Spouse	Notes:
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
Yes    No	Yes    No	

How much do you anticipate receiving this year? \$ \_\_\_\_\_

If we could use your tax refund to help you reach your financial goals more quickly vs. giving the government an interest free loan, would you do it? **Yes    No**

**RETIREMENT:**

Would you say you are...  **Not Motivated**  **Motivated**  **Highly Motivated** -- to retire well?

How much monthly income would you like to receive at retirement? \$ \_\_\_\_\_ (07/12 LUSFG )

# LUSFG Personal Data Form

336-275-4203 o / 888-696-3484 Fax

Associate Name #

To be completed by the client. Please print legibly. "Thank You"

## Print client's data \*(S.S.#'s is optional; however, they are required by law to complete any business paperwork)

First Name MI Last Name Birth Date \*Social Security # Sex

Driver's License # Issue Date Expiration Date Birthplace-State Country

## Print Spouse's data

First Name MI Last Name Birth Date \*Social Security # Sex

Driver's License # Issue Date Expiration Date Birthplace-State Country

## Beneficiary Information

Primary Beneficiary Name Relationship Phone

Contingent Beneficiary Name Relationship Phone

## Print children's data (if applicable)

Last First MI Sex Relationship\* Birth Date Height Weight \*Social Security #

Last First MI Sex Relationship\* Birth Date Height Weight \* Social Security #

Last First MI Sex Relationship\* Birth Date Height Weight \*Social Security #

Last First MI Sex Relationship\* Birth Date Height Weight \*Social Security #

\*Relationship: (son, daughter, stepchild, etc.)

## Mailing address and contact information

Address City State ZIP Years @ address

Home Phone Work Phone Cellular Pager Fax Spouse's Work #

E-mail

## Enter client's employer

Name of Employer Date Hired (if less than 2 years, please include prior employer)

Address City State ZIP

## Enter spouse's employer

Name of Employer Date Hired (if less than 2 years, please include prior employer)

Address City State ZIP

Client medication(s) + Height \_\_\_\_ Weight \_\_\_\_

Spouse medication(s) + Height \_\_\_\_ Weight \_\_\_\_

Notes: