STARTER KIT

Getting Started

How did you hear about us? *(Check all that apply.)*

- _____ Social Security Workshop
- _____ News Media
- _____ Facebook / Digital
- _____ Newspaper
- _____ TV Commercials
- _____ Radio Commercials
- _____ Email / Mailer
- _____ Referred by: ______________________________
- _____ Other: ______________________________

How can we help you? *(Check all that apply.)*

- _____ 401(k) rollover
- _____ Managing a received inheritance
- _____ Safeguard my money
- _____ Find a local, trusted advisor
- _____ Earn a better return on my money
- _____ Set-up a Game Plan for retirement
- _____ Understand annuities
- _____ Learn about Mailbox Money®
- _____ Lower taxes on my money
- _____ Life / long-term care insurance
- _____ Other: ______________________________

For advisor use only.

Tax Info	Notes

8601 Six Forks Rd., Suite 400
Raleigh, NC 27615 | 717 Green Valley Rd., Suite 200
Greensboro, NC 27408 | **Phone:** 888.900.8144
Fax: 888.900.8127

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What To Bring

Please bring completed forms along with all applicable documents from list below:

_____ Social Security statement(s)

_____ ALL current insurance policies

_____ 401(k) statement(s)

_____ IRA statement(s)

_____ Roth IRA statement(s)

_____ Pension statement / estimate(s)

_____ TSP statement(s)

_____ Driver's license

_____ Brokerage account statement(s)

_____ Annuity contracts / statement(s)

_____ Most recent tax return

_____ Most recent paycheck stub(s)

_____ Checking statement(s)

_____ Savings statement(s)

_____ Money market statement(s)

_____ CD statement(s)

_____ Bond statement(s)

_____ Other: ______________________________

Your Appointment

Date: ______________________________

Time: ______________________________

Location: ______________________________

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Data Intake Form

Solving the puzzle of Social Security benefits options

Name: ____ DOB: ______________

SS benefit: ____________________ (Monthly benefit at age FRA: 66 / 67):

Already taking Social Security: ☐ Yes ☐ No

If yes, benefits started: __________________

Life expectancy: _____ Age or _____ Use mortality table

Spouse: ____ DOB: ______________

SS benefit: ____________________ (Monthly benefit at age FRA: 66 / 67):

Already taking Social Security: ☐ Yes ☐ No

If yes, benefits started: __________________

Life expectancy: _____ Age or _____ Use mortality table

Divorced? This information is needed to create maximum Social Security report:

1. Married at least 10 years? ☐ Yes ☐ No
2. Year of divorce: ___________
3. Ex-spouse's DOB: ______________
4. Ex-spouse's full retirement age SS benefit: ________

You can call the Social Security Administration to get the FRA Benefit for your ex-spouse. You will need their full name, Social Security number and date of birth.

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Personal Profile

Today's Date: ______________________

Family Information

Full Name: ______________________ Goes By: ____________ DOB: ____________

Mailing Address: ____

City: ______________________ State: ____________ Zip: ____________

Spouse's Full Name: ______________________ Goes By: ____________ DOB: ____________

Child's Full Name: ______________ DOB: __________ Address: ______________________

Child's Full Name: ______________ DOB: __________ Address: ______________________

Child's Full Name: ______________ DOB: __________ Address: ______________________

Contact Information:

Preferred Phone: ______________________ Spouse's: ______________________

Preferred Email: ______________________ Spouse's: ______________________

Employment Information:

You: Employed? ☐ Yes ☐ No	Spouse: Employed? ☐ Yes ☐ No
Occupation: ______________	Occupation: ______________
Employer: ______________	Employer: ______________
Employer City / State: ______________	Employer City / State: ______________
Annual Wages: ______________	Annual Wages: ______________
Retired? ☐ Yes ☐ No	Retired? ☐ Yes ☐ No
Retirement Date: ______________	Retirement Date: ______________
Monthly Pension: ______________	Monthly Pension: ______________
Monthly Social Security: ______________	Monthly Social Security: ______________
Interest / Dividends: ______________	Interest / Dividends: ______________
Rental Income: ______________	Rental Income: ______________
Other: ______________	Other: ______________

Notes: ____

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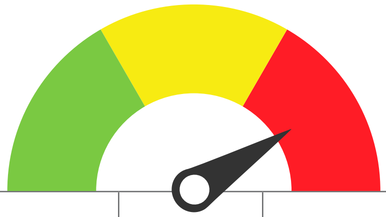
Worry Meter

I am worried that ...



I am uncertain if I can retire now or need to keep working.			
I will run out of money.			
I don't have a written game plan in place to use, enjoy and protect my money.			
I have too much money at risk.			
My finances are too complicated – not simplified enough.			
I don't have a trusted advisor to guide me.			
I will spend all of my money on health care and / or end up in a nursing home.			
I don't have a clear plan in place to provide for loved ones at my death.			
I don't know how to best manage my retirement (401(k), IRA, Thrift, etc.)			
At my death, my spouse will not know what to do with the money.			
My retirement money will be eaten up by taxes and probate after my death.			
I don't have clear goals or a vision of what I really want for my retirement.			

Top Three Worries:

1. ____

2. ____

3. ____

Signature: ______________________________ Date: ____________

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Financial Inventory

Monthly Spendable Income *(GROSS for you and your spouse)*

Monthly Household Income

Salary / Wages	$
Social Security	$
Pension / Retirement	$
Interest / Dividends	$
Rental Income	$
Other	$
TOTAL	**$**

Monthly Living Expenses *(Net)*

Rent / Mortgage	$
Utilities/Transportation/Food	$
Credit Card Payment	$
Other Debt Repayment	$
Healthcare / Insurance	$
Taxes	$
Other	$
TOTAL	**$**

Monthly Spendable Income

Total Income $____________________ - Total Expenses $____________________ = Monthly Expendable Income $____________________

Household Net Worth

Do not include mortgages on primary residence, personal belongings, or personal property such as jewelry, furnishings and vehicles.

Checking / Savings / Money Markets	$
Stocks / Bonds / Mutual Funds / CDs	$
Other Retirement Account Balances	$
Life Insurance Cash Value	$
Business Equity	$
Real Estate (Primary Residence)	$
Other	$
TOTAL ASSETS	**$**

Debts

Mortgage Loan (Primary Residence)	$
Mortgage Loan (Other Real Estate)	$
Total Credit Card Debt	$
Home Equity Loans	$
Personal / Vehicle Loans	$
Taxes / Judgements	$
Other	$
TOTAL DEBT	**$**

Household Net Worth

Total Assets $____________________ - Total Debt $____________________ = Household Net Worth $____________________

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