

Cashflow Fingerprint® Retirement Planning Questionnaire



www.saltmarshfa.com
www.saltmarshcpa.com

900 N. 12th Avenue • Pensacola, Florida 32501
(850) 435-7458 • Fax: (850) 435-8352 • (800) 477-7458

I. Personal Information

Please provide pre-tax income and expense amounts. Where appropriate, indicate “same” for Client 2.

	Client 1 (C1)	Client 2 (C2)
Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	/ /	/ /
Marital Status		
State of Residence		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed
Current Annual Income		
Expected Annual Income % Increase		
Net Worth (Approx.)	<input type="checkbox"/> < \$250K <input type="checkbox"/> \$250K-\$500K <input type="checkbox"/> \$500K-\$1M <input type="checkbox"/> \$1M-\$2M <input type="checkbox"/> > \$2M	
Desired Retirement Age		
Projected Life Expectancy		

Annual Spending

Description	Target Annual Amount
Current Annual Spending Needs	\$ _____
Retired Annual Spending Needs	\$ _____

If needed, please use the Budget Worksheet on page 9 to estimate your current and retirement spending needs.

Adjustments to Annual Spending

Your retirement annual spending amount may include some expenses that will end during retirement. When the expenses end, your spending amount would be reduced.

Please indicate any expenses that will end.

Description	Annual Amount (Current Amount)	Year Expense Will End
e.g., Mortgage	\$ 16,000	2021

II. Retirement Income

Identify all the resources you have to fund your retirement.

Social Security

Please provide an estimate of Social Security benefits or a copy of your Social Security statement (if available). Alternatively, we will use the Social Security calculator (located at <http://www.socialsecurity.gov/OACT/quickcalc/index.html>) combined with your current income to derive an estimate.

	Client 1 (C1)	Client 2 (C2)
Are you eligible for Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now
Estimated Amount of Monthly Benefit at Age?	\$ _____ Age: _____	\$ _____ Age: _____

Part-time Work & Other Income

Include income from part-time work, rental property, annuities, royalties, alimony, etc. Please note amounts pre-tax and the month and year income begins and ends. Don't include interest or dividend income from your investments.

Description	Client 1 (C1)		Client 2 (C2)	
	Monthly Income	Begin/End	Monthly Income	Begin/End
e.g., Part-time	\$ 1,000	1/14 thru 12/17	N/A	N/A

Pension Income *If available, provide your pension statement.*

If you have a lifetime pension, put “End of Life” in “Year it Ends” column.

Description	Whose Pension is it?		Monthly Income	Year It Ends or # of Years	% Survivor Benefit	Check if Amount Inflates
	C1	C2				
e.g., ABC Pension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1,500	End of Life	50%	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Other Information

	Client 1 (C1)	Client 2 (C2)	Notes/Value
Stock Options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retired Stock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deferred Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Small Business Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

III. Investments

Identify all the resources you have to fund your retirement. Don't worry about determining the exact amounts, reasonable estimates are fine. Alternatively, please provide your investment statements and we will calculate your Asset Allocation and a comparative fee analysis.

Client 1 (C1)

Investment Type	Current Value	Annual Additions	Appropriate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)		\$ or %	%	%	%
Employer Match		\$ or %			
Traditional IRA			%	%	%
Roth IRA			%	%	%
529 Savings Plan			%	%	%
Annuities			%	%	%
Cash Value Life Insurance			%	%	%
Taxable					

Client 2 (C2)

Investment Type	Current Value	Annual Additions	Appropriate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)		\$ or %	%	%	%
Employer Match		\$ or %			
Traditional IRA			%	%	%
Roth IRA			%	%	%
529 Savings Plan			%	%	%
Annuities			%	%	%
Cash Value Life Insurance			%	%	%
Taxable					

Joint Accounts

Description	Current Value	Annual Additions	Appropriate Allocation		
			Cash	Bond	Stock
			%	%	%
			%	%	%
			%	%	%

IV. Other Assets

Primary Residence

Owner	
Current Value	
Growth Value	%

Business

Owner	
Current Value	
Growth Value	%

If you intend to sell this home or a business to fund your retirement, enter the following:

Description	Year to Sell			Estimate of Approx. Expected Value
	Enter Year	At Retirement		
		C1	C2	
Primary Residence		<input type="checkbox"/>	<input type="checkbox"/>	
Business		<input type="checkbox"/>	<input type="checkbox"/>	

Other Assets to be Considered for Retirement Funding

(Other homes, real estate, personal property, collectables, inheritance, business)

Description	Owner			Current Value	Planning to Sell this Asset?	Year Sell/Receive	Approx. Value
	C1	C2	Joint				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only if Needed		

V. Education

If you plan to pay for all or part of a college education for a child or grandchild, please provide the following information:

Child's Name	Current Year in School	Child's Date of Birth	Indicate State or Private & Estimated Annual Cost	Notes - Prepaid college fund? - 529 Plan? - Amount? - Scholarship/loans?
Jessica	5th grade	1/15/90	State/\$25,000	\$1,000/year scholarship
		/ /		
		/ /		
		/ /		
		/ /		

Average Annual College Cost	
Florida State College	Approximately \$22,000/year
Private College	Approximately \$55,000/year

VI. Additional Considerations

Insurance

	Client 1 (C1)	Client 2 (C2)	Notes
Group/Term Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Value	\$	\$	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Umbrella Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Estate

	Client 1 (C1)	Client 2 (C2)	Notes
Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date documents were last reviewed			

Tax Deductions and Exemptions (please select one option)

<input type="checkbox"/> I will provide my most recent tax return
<input type="checkbox"/> As a tax client of Saltmarsh, Cleaveland & Gund, I give permission for you to access a copy of my most recent tax return <div>Initials: _____</div>

VII. Budget

Optional to Help Determine Basic Annual Spending

Personal & Family Expenses	Current	Retirement
Alimony		
Bank Charges		
Business Expense		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Allowance/Expense		
Child Care		
Child Support		
Clothing		
Club Dues		
Credit Card Debt Payment		
Dining		
Entertainment		
Gifts		
Groceries		
Healthcare		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Pet Care		
Recreation		
Vacation/Travel		
State Income Tax (If applicable)		
Other		
TOTAL		

Vehicle Expenses	Current	Retirement
Car Payment		
Insurance		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Other		
TOTAL		

Home Expenses	Current	Retirement
Mortgage/Rent		
Equity Line		
Real Estate Tax		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance		
Furniture		
Other		
TOTAL		

Personal Insurance Expenses	Current	Retirement
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
Long-Term Care for Client		
Long-Term Care for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		
TOTAL		

TOTAL ALL EXPENSES	Current	Retirement
Personal & Family Expenses		
Vehicle Expenses		
Home Expenses		
Personal Insurance Expenses		
TOTAL		

Saltmarsh

Financial Advisors, LLC

AN AFFILIATE OF SALTMARSH, CLEVELAND & GUND



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900 North 12th Avenue
Pensacola, Florida 32501

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