

INFORMATION CHECKLIST

Profile Information

NAME 1
Date of Birth:
Address:
Phone:
Email:
Current Age: Retired y n
If yes, retirement age:
If no, goal retirement age:
If yes, current retirement spending:
If no, desired retirement income:
If not, date you'd like to start Social Security:

NAME 2
Date of Birth:
Address:
Phone:
Email:
Current Age: Retired y n
If yes, retirement age:
If no, goal retirement age:
If yes, current retirement spending:
If no, desired retirement Income:
If not, date you'd like to start Social Security:

Income Information

INCOME: \$
Pension: \$
Social Security: \$
Annuity income: \$
Other source: \$
Other source: \$
Other source: \$
Other source: \$
Other source: \$

INCOME: \$
Pension: \$
Social Security: \$
Annuity income: \$
Other source: \$
Other source: \$
Other source: \$
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Asset Summary

TYPE	AMOUNT
Annual Contributions (including company match, if any):	

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Annual Contributions (including company match, if any):	