M1 Capital Management

Your Retirement *Lifestyle* Worksheet

M1 CAPITAL MANAGEMENT

Client Fact Finder

Your Retirement Lifestyle Worksheet

CLIENT ONE

Name

Date of Birth

Occupation

Marital Status

Employment Status ☐ Employed ☐ Business Owner ☐ Retired

Income

Target Retirement Age

Hobbies

CLIENT TWO

Name

Date of Birth

Occupation

Marital Status

Employment Status ☐ Employed ☐ Business Owner ☐ Retired

Income

Target Retirement Age

Hobbies

Net Worth ☐ <250K ☐ $250K - $500K ☐ $500K - $1M ☐ $1M - $2M ☐ > $2M

EXPENSES AND LIABILITIES

Needed or Desired Living Expense
(Monthly/Annually)

(Use program estimate if not retired)

Liabilities (Debt)
(Loans, credit cards, alimony, etc)

PRIMARY RESIDENCE

Address

Primary owner(s)

SMALL BUSINESS INFORMATION

If you have more than two businesses, please let us know.

Business Name

Primary owner(s)

Business Name

Primary owner(s)

RETIREMENT INCOME

Non-investment related income expected in retirement

CLIENT ONE

Social Security $

Pension $

Other $

CLIENT TWO

Social Security $

Pension $

Other $

LIFE GOALS

Tell us about your goals! Retirement, travel, home renovation, hobbies, children college/weddings

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CLIENT ONE

Investment Type	Current Value	Annual Additions ($ or %)
Retirement Plans		
Employer Match		
Traditional IRA		
Roth IRA		
529 Savings Plan		
Annuities		
Taxable/ Non-qualified		
Taxable/ Non-qualified		
Other		

CLIENT TWO

Investment Type	Current Value	Annual Additions ($ or %)
Retirement Plans		
Employer Match		
Traditional IRA		
Roth IRA		
529 Savings Plan		
Annuities		
Taxable/ Non-qualified		
Taxable/ Non-qualified		
Other		

INSURANCE

Complete this section to have the adequacy of your coverage reviewed & analyzed

Investment Type	CLIENT ONE	CLIENT TWO	Notes
Group/Term Life Insurance	☐ YES ☐ NO	☐ YES ☐ NO	
Death Benefit	$	$	
Cash Life Insurance	☐ YES ☐ NO	☐ YES ☐ NO	
Death Benefit	$	$	
Cash Value	$	$	
Disability Insurance	☐ YES ☐ NO	☐ YES ☐ NO	
Long Term Care Insurance	☐ YES ☐ NO	☐ YES ☐ NO	
Other			
Other			

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

CLIENT ONE **CLIENT TWO**

Is there anything else you think we should know?

Thank you for taking the time to complete this form, we appreciate your trust and look forward to helping you with your financial plan.