

Your Retirement *Lifestyle* Worksheet



**M1 CAPITAL
MANAGEMENT**





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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

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

CLIENT TWO

Name

Date of Birth

Occupation

Marital Status

Employment Status ☐ Employed ☐ Business Owner ☐ Retired

Income

Target Retirement Age

Hobbies

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

Home Value

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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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	<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	
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.