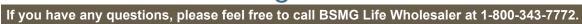
## Retirement Planning Fact Finder





Agent:						Date:							
BSMG Wholesaler:													
Client Information:													
First Name:			Middle Int:	:		Last	Name:						
Date of Birth:			Gender:		Male		Female	<b>:</b>	U.S. Citizen:	O	Yes	O	No
			Middle Int:	:		Last	Name:						
Date of Birth:			Gender:	0	Male	ō	Female	<b>:</b>	U.S. Citizen:	Ō	Yes	0	No
Resident Address:													
City:								State:	Zip Co	de:			
Business Phone:			Home Phone:										
Name of Children:						Age:			# of grandchild	ren:			
						Age:			# of grandchild	ren:			
						Age:			# of grandchild	ren:			
Liquid Assets:		Current Value	ue:				Own	ner:					
Cash Equivalents (Savings, Money Markets,	CDs)												
Securities and Mutual Funds (Tax Exempt Bonds) (Stocks) (Bonds)													
Deferred Annuities (Non-Qualified)	-												
Qualified Retirement Plans:	Accoun	t Value(s):			Partic	ipant	Owner:		Plan	Ben	eficiary	/:	
Defined Benefit:													
Profit Sharing:													
401(k):													
457(b):													
TSA [403(b)]:													

## Retirement Planning Fact Finder ...continued

Qualified Retirement Plans:	Account Value(s):		Participant C	Owner:	Plan Beneficiary:			
SEP:								
IRA:								
Roth IRA:								
Life Insurance:	Policy 1:	Policy 2:	Policy 3:	Policy 4:	Policy 5:	Policy 6:		
Death Benefit				-	_	-		
Gross Cash Value					_			
Total Loans				-	_	-		
Cost Basis			_					
Issuing Company			_					
Insured			_	-	_			
Owner				-	_			
Beneficiary					_			
Annual Premium				-	_			
Long Term Care Rider	<b>o</b> Y <b>o</b> N	<b>5</b> Y <b>5</b> N	0 Y 0 N	<b>o</b> Y <b>o</b> N	0 Y 0 N	<b>O</b> Y <b>O</b> N		
Long Term Care Insura	ance:							
Do you currently own an individual LTC insurance policy?  Y N  Do you own a life insurance policy or deferred annuity contract with an LTC rider?  Y N  If yes, describe the maximum benefits of your individual LTC policy or LTC rider?								
Additional Financial D	ata: Assu	mptions - Retir	ement Planning:					
Growth rate for QRP/IR	A assets:	%						
Age of client at death		Age	of spouse at death					
At what age do you exp	ect to retire?							
Amount of after-tax inco	xed expenses?	\$	\$ (annual after-tax amount in today's dollars					
Assumed inflation rate f	or fixed expenses	S	%			BS		
Annual defined benefit		Annual Social Security benefit: \$						

## Retirement Planning Fact Finder ...continued

Assumptions - Stocks, Bonds, Mutual Funds, Annuities:				
Growth rate and dividend rate for equity assets:%	<u>/</u>	%_		
Estimated total cost basis _\$				
Growth rate for tax exempt income assets:%				
Growth rate for taxable interest/yield assets:%				
Growth rate for non-qualified annuities: %				
Estimated cost basis: _\$				
Assumed effective Income Tax rate	_			
Assumed effective Capital Gains Tax rate	_			
Assumed effective Income Tax rate of Heirs	-			
Assumed effective Estate Tax rate %				
Future Savings:	-			
Do you plan to make or continue to make annual contributions to (Pension, 401(k), IRA, F  If yes, what is the total annual amount you plan to deposit to Regarding other annual savings, please complete the following: I estimate that I will make annual savings deposits from after-ta	Profit Sharing, 4 these plans:	\$	annually for	years
☐ taxable equity/income producing assets in the amount	of \$	annually	for the next	years
☐ tax exempt income producing assets in the amount of	\$	annually	for the next	years
☐ taxable interest/yield producing assets in the amount of	f _\$	annually	for the next	years
Required Minimum Distributions (RMDs) from Qualified Re	tirement Plaı	ns		
(A) If you are over age 70 ½ and receiving RMDs from your qual after-tax RMD are you saving each year?	•	RA, 401(k), 403(b), 4	457(b), etc. how much	of your
(B) Are you receiving RMDs from an IRA or a Roth IRA that you	ı "inherited" a	s a beneficiary upor	n the death of the origi	nal IRA or
Roth IRA owner?				
*If you answered Yes to (B), how much of your after	r-tax RMD are	e you saving each y	rear? \$	
Future Extended Health Care Costs				
Which asset(s) would you liquidate first to pay for extended hea	Ith care costs	?		

Please see BSMG's Retirement Needs Worksheet for additional calculations and information.

