

Retirement Planning Fact Finder



If you have any questions, please feel free to call BSMG Life Wholesaler at 1-800-343-7772.

Agent: _____ Date: _____

BSMG Wholesaler: _____

Client Information:

First Name: _____ Middle Int: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female U.S. Citizen: Yes No

Spouse Name: _____ Middle Int: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female U.S. Citizen: Yes No

Resident Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Home Phone: _____

Name of Children: _____ Age: _____ # of grandchildren: _____

_____ Age: _____ # of grandchildren: _____

_____ Age: _____ # of grandchildren: _____

Liquid Assets:

Current Value:

Owner:

Cash Equivalents
(Savings, Money Markets, CDs) _____

Securities and Mutual Funds
(Tax Exempt Bonds) _____
(Stocks) _____
(Bonds) _____

Deferred Annuities
(Non-Qualified) _____

Qualified Retirement Plans:

Account Value(s):

Participant Owner:

Plan Beneficiary:

Defined Benefit: _____

Profit Sharing: _____

401(k): _____

457(b): _____

TSA [403(b)]: _____

Retirement Planning Fact Finder ...continued

Qualified Retirement Plans:	Account Value(s):	Participant 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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Long Term Care Insurance:

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 Data: Assumptions - Retirement Planning:

Growth rate for QRP/IRA assets: _____ %

Age of client at death _____ Age of spouse at death _____

At what age do you expect to retire? _____

Amount of after-tax income needed for fixed expenses? \$ _____ (annual after-tax amount in today's dollars)

Assumed inflation rate for fixed expenses _____ %

Annual defined benefit pension: \$ _____ Annual Social Security benefit: \$ _____



Retirement Planning Fact Finder ...continued

Assumptions - Stocks, Bonds, Mutual Funds, Annuities:

Growth rate and dividend rate for equity assets: _____ % / _____ %

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 a tax qualified retirement plan? Yes No
(Pension, 401(k), IRA, Profit Sharing, 403(b), etc.)

If yes, what is the total annual amount you plan to deposit to these plans: \$ _____ annually for _____ years

Regarding other annual savings, please complete the following:

I estimate that I will make annual savings deposits from after-tax earned income or business profits to:

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 \$ _____ annually for the next _____ years

Required Minimum Distributions (RMDs) from Qualified Retirement Plans

(A) If you are over age 70 ½ and receiving RMDs from your qualified plan, IRA, 401(k), 403(b), 457(b), etc. how much of your after-tax RMD are you saving each year? \$ _____

(B) Are you receiving RMDs from an IRA or a Roth IRA that you "inherited" as a beneficiary upon the death of the original IRA or Roth IRA owner? Yes No

*If you answered Yes to (B), how much of your after-tax RMD are you saving each year? \$ _____

Future Extended Health Care Costs

Which asset(s) would you liquidate first to pay for extended health care costs? _____

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

