"Data Gathering and Goals Form"

America United Wealth Planning, telephone us at (847) 592-5405

Complete this pdf, Save and attach it to an email and send it to: john@AmericaPlanning.com

DIRECTIONS: Please complete this form, save it and email it to us. As Attorneys and CFF's all your information is protected by Client Confidentiality. We **Do Not** need Social Security Numbers, Savings or Brokerage Acct. Numbers

Business Name: if self-employed_____ Yrs. in Business_____

Business Address_____

City_____ State_____ Zip Code_____

Personal Information:

Name_____ Birth Date_____ Age _____

Spouse Name_____ Birth Date_____ Age _____

Home Address_____

City_____ State_____ Zip Code_____

His Cell Number_____ Her Cell Number_____

Best Email Address_____

Children:

Name_____ Age_____ Number of their Children_____

Name_____ Age_____ Number of their Children_____

Name_____ Age_____ Number of their Children_____

Name_____ Age_____ Number of their Children_____

Current Advisor's Name *(Optional)*

Goals: ***Please check off 1 through 5 on each below: 1 being of no concern and 5 being most concerned.***	**Not Concerned 1**	**Not Very 2**	**Some What 3**	**Very Concern 4**	**Most Concerned 5**
I want to make sure that I have enough retirement income and that it lasts throughout my lifetime.	☐	☐	☐	☐	☐
I would like to ensure that my assets are protected from losses.	☐	☐	☐	☐	☐
I would like to save more for retirement than the IRS currently allows under today's IRA rules & limitations.	☐	☐	☐	☐	☐
I would like to protect myself and my family from catastrophic long-term care cost.	☐	☐	☐	☐	☐
I would like to grow a cash account that I can have access to at any age without restrictions or age 59 1/2 limitations.	☐	☐	☐	☐	☐
I would like to Pass on my retirement money to the next generation in an orderly and tax efficient manner.	☐	☐	☐	☐	☐
I would like a retirement program that reduces tax liability.	☐	☐	☐	☐	☐

At What Age do You Plan to Retire?

His Retirement Age will be? _____ **Her Retirement Age will be?** _____

If already Retired, what year did he retire? _____ **What year did she retire?** _____

Document Checklist:

Check off that you have these documents in place and the approximate year they were established and completed

Do You have a Will? No ☐ Yes ☐ Year completed _____	**What is the amount of his Term Life Insurance?** $ _____
Do You have a Financial Power of Attorney? No ☐ Yes ☐	**What is her Tem Life Insurance Amount?** $ _____
Medical Power of Attorney? No ☐ Yes ☐	**Total of all Life Insurance?** $ _____
Is your MPOA Electronically Filed? No ☐ Yes ☐	**Do You Have a Beneficiary Liquidity Trust?** **His Amount $** _____ **Her Amount $** _____
Do You have a Trust? No ☐ Yes ☐ Year completed_____.	**Long-Term Care Insurance amount is?** $ _____

Primary Residence: None ☐ Owned ☐ Rented ☐ Approx. Value if Owned $_____ Mort Amt. $ _____ Pmt $_____

Secondary Res.: None ☐ Owned ☐ Rented ☐ Approx. Value if Owned $_____ Mort Amt. $ _____ Pmt $_____

Current Portfolio (Note) Qualified Accounts are IRA's,401k's,403b's etc.. Non-Qualified are all other Checking, Savings, CD's, Brokerage, etc.

His Account	Her Account	Both	Qualified	Non-Qualified	Account Name – Description of Account	Total Account Values
☐	☐	☐	☐	☐		$
☐	☐	☐	☐	☐		$
☐	☐	☐	☐	☐		$
☐	☐	☐	☐	☐		$
☐	☐	☐	☐	☐		$
☐	☐	☐	☐	☐		$
☐	☐	☐	☐	☐		$
☐	☐	☐	☐	☐		$

TOTALS $ 0

Additional space for additional accounts if needed below:

☐ ☐ ☐ ☐ ☐ _____

☐ ☐ ☐ ☐ ☐ _____

☐ ☐ ☐ ☐ ☐ _____

☐ ☐ ☐ ☐ ☐ _____

Current Liabilities: (Money you owe on Mortgages, Equity Loans, Credit Cards, Auto Loans, and other Creditors)

Account type	Creditors Name	Year Opened	Original Amount	Current Balance	Interest Rate %	Term in Years	Monthly Payment
			$	$			$
			$	$			$
			$	$			$
			$	$			$
			$	$			$
			$	$			$
			$	$			$
			$	$			$
Totals				$ 0			$ 0

Your Income Sources: (Note: Need copies of your Social Security Statements? Register and download at www.SocialSecurity.gov/myaccount

His Income	Her Income	Both	Social Security	Pension	Wages	Other Income	Dollar Amount of Annual Income:
Who's Income:			**What Type of Income**				
☐	☐	☐	☐	☐	☐	☐	$
☐	☐	☐	☐	☐	☐	☐	$
☐	☐	☐	☐	☐	☐	☐	$
☐	☐	☐	☐	☐	☐	☐	$
☐	☐	☐	☐	☐	☐	☐	$
☐	☐	☐	☐	☐	☐	☐	$

Note: Make Additional Copies of this Page if more room is needed

Approximate Total Annual Income $: 0

Your Living Expenses and Desired Retirement Income:

Tell us your approximate Annual Living Expenses (how much do you spend to live?) $_____

Tell us approximately how much Annual income you would like after you retire $_____

Notes: _____