Client Discovery Worksheet

WINSTON
& COMPANIES
Retirement and Financial Services

CONTACT INFO

Primary Name ____________ Nickname ____________ DOB ____________ Age ______

Current/Former Occupation ____________ Retired? ☐ YES ☐ NO ☐ SEMI

Cell ____________ Primary Email ____________ Home Phone ____________

Spouse/Secondary Name ____________ Nickname ____________ DOB ____________ Age ______

Current/Former Occupation ____________ Retired? ☐ YES ☐ NO ☐ SEMI

Spouse/Secondary Cell ____________ Spouse/Secondary Email ____________

Address ____________ City ____________ State ____________ ZIP ______

FAMILY

Anniversary _____/_____/_____

Child 1 ____________ Age _____ Grandchildren _____ **Child 3** ____________ Age _____ Grandchildren _____

Child 2 ____________ Age _____ Grandchildren _____ **Child 4** ____________ Age _____ Grandchildren _____

CONCERNS

What are your main retirement concerns?
Check all that apply.

- ☐ Losing too much money in the stock market
- ☐ Paying too much in taxes
- ☐ Not having a reliable income plan
- ☐ Losing life savings due to catastrophic illness
- ☐ Outliving your nest egg
- ☐ Leaving a legacy to children/grandchildren
- ☐ Need direction with 401(k) and/or IRA accounts
- ☐ Other ____________

OBJECTIVES

How would you describe your investment knowledge?

☐ None ☐ Limited ☐ Good
☐ High ☐ Expert

What are your financial goals?

- ☐ Income
- ☐ Other
- ☐ Reduce taxes
- ☐ Outpace inflation
- ☐ Preserve assets from losses
- ☐ Pass assets to beneficiaries

ADDITIONAL INFO

Is your cash flow sufficient? ☐ YES ☐ NO ☐ DON'T KNOW

Do you anticipate any significant changes in cash flow? ☐ YES ☐ NO ☐ DON'T KNOW

Do you contribute to charity? ☐ YES ☐ NO ☐ DON'T KNOW

If you're not already retired, when do you want to retire?
____

How did you acquire your wealth?
____

Who else do you rely on for financial advice and decisions?
____

Are there any areas that are not being addressed for you?
____

What is most important about your money to you?
____

If something were to happen to you, who do you want taken care of?
____

What have you done to help preserve your money from losses in retirement?
____

What are you looking for our firm to address?
____

LIFE EVENTS

In the near future, I expect to:

- ☐ Sell a property
- ☐ Improve a home
- ☐ Care for parent
- ☐ Pay off debt
- ☐ Purchase a property
- ☐ Travel
- ☐ Start/expand a business
- ☐ Other ____________________

REAL ESTATE

	HOME	ADD'L PROPERTY
Value		
Existing Mtg. Amount		
Interest Rate		
Monthly Payment		
Principal and Interest		
Payoff Date		
Second Mtg?		
Equity Loan?		

EXPENSES

What does it cost to support your lifestyle? (Not just pay the bills)

The fastest and most accurate way to understand your **true** living expenses is to add up what **actually** came out of your bank account in the last 12 months.

- ☐ < $4,000
- ☐ $4,000 - $7,000
- ☐ $7,000 - $10,000
- ☐ > $10,000

$ ____________

INCOME

Please list **monthly income** from each source:	**Primary**	**Spouse/Secondary**		
Salary	______	______	☐ Gross	☐ Net
Social Security (if receiving now)	______	______	☐ Gross	☐ Net
Social Security @ age 62	______	______	☐ Gross	☐ Net
Social Security @ FRA	______	______	☐ Gross	☐ Net
Pension (if taking now)	______	______	☐ Gross	☐ Net
Pension @ Retirement	______	______	☐ Gross	☐ Net
Pension Survivorship %	______	______	☐ Gross	☐ Net
Age Pension Starts	______	______	☐ Gross	☐ Net
Pension COLA %	______	______	☐ Gross	☐ Net
Other (Rentals, Annuities, VA Benefits)	______	______	☐ Gross	☐ Net

ASSETS

Assets: Please check off the accounts you currently hold and include the totals.

- ☐ Bank/Credit Union Accounts $ ____________
- ☐ IRAs/401(k)/403(b)/TSP $ ____________
- ☐ CDs $ ____________
- ☐ Roth Accounts $ ____________
- ☐ Annuities $ ____________
- ☐ Life Ins. Cash Value $ ____________
- ☐ Brokerage Accounts $ ____________
- ☐ Other $ ____________

Please bring any current financial statements to your visit

INSURANCE

Which of the following do you have in place?

- Long Term Care Insurance *(Primary)* ☐ YES ☐ NO
- Long Term Care Insurance *(Secondary)* ☐ YES ☐ NO

	Death Benefit	**Type**	**Person Insured**
Life Ins:	______	______	______
Life Ins:	______	______	______

Health Ins: ____________________

LEGAL ITEMS

Which of the following do you have in place?

- Will ☐ YES ☐ NO
- Power of Attorney - Financial ☐ YES ☐ NO
- Power of Attorney - Health ☐ YES ☐ NO
- Living Will ☐ YES ☐ NO
- Trust ☐ YES ☐ NO

Date last updated ____________