

# Southwestern

## Retirement Planning Advisors, Inc.

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## Client Questionnaire

(Please have completely filled out to bring in to your First Meeting)

Date:	
Client Name(s):	Age(s):
Address:	
Phone:	Email:
Marital Status:	Children (ages):

Please bring to your First Meeting:  Tax Return  Account Statements

LIFESTYLE			
Key Consideration	Question	Answer	Notes
Preferred style of living	Where do you plan to live after retirement?		
Preferred style of living	Do you plan to finish life at home or in assisted living?		
HEALTH			
Key Consideration	Question	Answer	Notes
Health insurance	What level of benefits will be required in a worst-case scenario?		
Medical	Have you compiled a list of your medical history, physicians, and current medication prescriptions?		
Long-term Care	Does your family have a history of debilitating illness and/or long life expectancy?		
FINANCES			
Key Consideration	Question	Answer	Notes
Retirement Income	Have you determined how much monthly income you will need when you retire? What are the sources?		
Asset Listing	Have you compiled a list of all the assets you or your spouse own? Do you update this list regularly?		
Life Insurance	How do you plan to protect your dependents?		
Risk Tolerance	How much Investment Risk are you willing to take in order to support your desired style of living?		
Tax Minimization	At what tax rate will you be taxed during your later years?		
ESTATE PLANNING			
Key Consideration	Question	Answer	Notes
Beneficiaries	How do you want to pass your assets on to your Beneficiaries?		
Friends and Family	Have you compiled a list of contact information for your closest family and trusted friends?		
Wills/Trusts	Do you have an updated Will or Living Trust prepared?		
Executor/Personal Representative	Who will handle your Will or Living Trust?		