



Household Information

Person A

First Name

Last Name

Male

Female

Date of Birth

Person B

First Name

Last Name

Male

Female

Date of Birth

Address

Street

City

State

Zip

Home Phone

Work Phone

Email Address

Marital Status

Married

Single

Divorced

Widowed

Monthly Expenses

Do you own or rent your home? Rent Own

Own: Mortgage Details	
Current value of residence	\$
Growth rate of residence	%
Monthly mortgage payment	\$
Years remaining on mortgage	years

Monthly Expenses	Essential Expenses	Discretionary Expenses
<p>If you own a home: Don't include your mortgage payment in your monthly expenses</p> <p>If you rent: Do include your rent payment in your monthly expenses</p>	\$	\$

Continue expenses at first death: _____ (50-200%)

Inflation Rate: _____ (0-6%)

Special Expense

Description	Owner	Monthly Expense	Start at age	Continue Until Age	Annual Increase	Percent after death
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B	\$			%	%

Salary and Other Income

Salary	Person A	Person B
Annual salary	\$	\$
Annual increase	%	%
Retire at age		

Post-Retirement Salary	Person A	Person B
Annual salary after retirement	\$	\$
Annual increase	%	%
Continue until age		

Pensions

Pension Description	Owner	Monthly Income	Start at age	Annual Increase	Percent after death
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B	\$		%	%
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B	\$		%	%

Other Misc. Income (Second Job, Rental Income, etc.)

Income Description	Owner	Monthly Income	Start at age	Continue Until Age	Annual Increase
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B	\$			%
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B	\$			%

Existing Reverse Mortgage

Monthly Income	Start at Age
\$	

Social Security

Person A: Currently receiving Social Security Benefits? Yes No

Person B: Currently receiving Social Security Benefits? Yes No

If Yes		
Currently Receiving Benefits	Person A	Person B
Current Monthly Benefit	\$	\$
Current Benefit Start Age		
Monthly benefit at Full Retirement Age	\$	\$
If No		
Not Currently Receiving Benefits	Person A	Person B
Monthly benefit at Full Retirement Age	\$	\$

Pensions for Earnings Not Covered by Social Security

Person A: Does Person A have a pension based on earnings not covered by Social Security? Yes No

Person B: Does Person B have a pension based on earnings not covered by Social Security? Yes No

	Estimated amount of non-covered monthly pension	Monthly SS benefit at full retirement age	Monthly benefit from calculator* in today's dollars
Person A	\$	\$	\$
Person B	\$	\$	\$

* <https://www.ssa.gov/planners/retire/anyPiaWepjs04.html>

Social Security Cost of Living Adjustment: _____ (0-6%)

Effective Tax Rate: _____ (0-50%)

Post Retirement Tax Rate: _____ (0-50%)

Assets

IRA'S

	Current balance	Monthly Contributions
Person A	\$	\$
Person B	\$	\$

Roth IRA's

	Current balance	Monthly Contributions
Person A	\$	\$
Person B	\$	\$

Retirement Savings Plans (401k, 403b, etc.)

	Current balance	Available for Rollover	Monthly Contributions
Person A	\$	\$	Employee \$ _____ Employer \$ _____
Person B	\$	\$	Employee \$ _____ Employer \$ _____

Personal Savings

	Current balance	Monthly Contributions
Person A	\$	\$
Person B	\$	\$

Investments

	Current balance	Current basis	Monthly Contributions
Person A	\$	\$	\$
Person B	\$	\$	\$

Rate of Return: _____ (0-10%)

How much investment risk are you comfortable with?

Conservative
 Moderately Conservative
 Moderate
 Moderately Aggressive
 Aggressive

Annuities

Annuity Description	Owner	Monthly Income	Start at age	Percent after first death
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B	\$		%
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B	\$		%
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B	\$		%

Existing Life Insurance

Description	Insured	Face Amount	Annual Premium
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B <input type="checkbox"/> First to Die <input type="checkbox"/> Survivor	\$	\$
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B <input type="checkbox"/> First to Die <input type="checkbox"/> Survivor	\$	\$
	<input type="checkbox"/> Person A <input type="checkbox"/> Person B <input type="checkbox"/> First to Die <input type="checkbox"/> Survivor	\$	\$