

GAP ANALYSIS REQUEST FORM

Include spouse retirement values?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	--

CONTACT	Client	Spouse
---------	--------	--------

Last Name	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
E-mail (Client)	<input type="text"/>	
E-mail (Spouse)	<input type="text"/>	

INCOME	Client	Spouse
--------	--------	--------

Number of Pay Periods per Year	<input type="text"/>	<input type="text"/>
Gross Income per Pay Period	<input type="text"/>	<input type="text"/>
Net Income per Pay Period	<input type="text"/>	<input type="text"/>
Anticipated Annual Raises	<input type="text"/>	<input type="text"/>
Raise Check Number	<input type="text"/>	<input type="text"/>

RETIREMENT	Client	Spouse
------------	--------	--------

Retirement Age	<input type="text"/>	<input type="text"/>
Estimated Retirement Date	<input type="text"/>	<input type="text"/>

LIFE EXPECTANCY METHOD	Client	Spouse
------------------------	--------	--------

Anticipated Life Expectancy	<input type="checkbox"/> Below Average <input type="checkbox"/> At Average <input type="checkbox"/> Above Average	<input type="checkbox"/> Below Average <input type="checkbox"/> At Average <input type="checkbox"/> Above Average
-----------------------------	---	---

SOCIAL SECURITY	Client	Spouse
-----------------	--------	--------

Eligible for Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Projected Social Security value or 'N/A'	<input type="text"/>	<input type="text"/>

LONG TERM CARE INSURANCE	Client	Spouse
--------------------------	--------	--------

Do you have long term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	--	--

RETIREMENT PLAN INFORMATION	Client	Spouse
-----------------------------	--------	--------

Type of Retirement Plan	<input type="checkbox"/> Defined Benefit Plan <input type="checkbox"/> Defined Contribution Plan	<input type="checkbox"/> Defined Benefit Plan <input type="checkbox"/> Defined Contribution Plan
-------------------------	---	---

DEFINED BENEFIT PLAN	Client	Spouse
----------------------	--------	--------

Name	<input type="text"/>	<input type="text"/>
Date Entered Plan	<input type="text"/>	<input type="text"/>
Addition years of service*	<input type="text"/>	<input type="text"/>
Additional funds for deposit at retirement*	<input type="text"/>	<input type="text"/>
Other retirement plan details	<input type="text"/>	<input type="text"/>

DEFINED CONTRIBUTION PLAN	Client	Spouse
Name	<input type="text"/>	<input type="text"/>
Current Account Balance	<input type="text"/>	<input type="text"/>
Enter Rate of Return*	<input type="text"/>	<input type="text"/>
Percent of income to contribute or dollar amount	<input type="text"/>	<input type="text"/>
Employer Matching	Employer matches ___% of my contribution up to ___% of my income.	Employer matches ___% of my contribution up to ___% of my income.
Other Details:	<input type="text"/>	<input type="text"/>

RETIREMENT INVESTMENTS

Please List Any Additional Retirement Investment Accounts

Account #1 Name	<input type="text"/>
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Current Account Balance	<input type="text"/>
Account Type	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Tax-Free <input type="checkbox"/> Tax Deferred
Number of Deposits per Year	<input type="text"/>
Deposits per Month	<input type="text"/>
Deposit Value	<input type="text"/>
Annual Increase in Deposit	<input type="text"/>
Rate of Return	<input type="text"/>
Special Notes	<input type="text"/>

RETIRED INCOME	Client	Spouse
----------------	--------	--------

Percent of net income needed in retirement (leave blank if needed to discuss with advisor).	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

LUMP SUM

Account Name	<input type="text"/>
Distribution Type of Event	<input type="checkbox"/> Client Age/ <input type="checkbox"/> Date/ <input type="checkbox"/> Years after Client Retirement/ <input type="checkbox"/> Client Life Expectancy/ <input type="checkbox"/> Spouse Life Expectancy
Distribution Event Value	<input type="text"/>
Current Value	<input type="text"/>
Annual Increase	<input type="text"/>

KNOWN INCOMES

Known income are sources of income that you know a value for, such as part time work or the net income from a rental house.

Account Name	<input type="text"/>
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Number of Payments per year	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 12
Current Value	<input type="text"/>
Rate of Increase/Inflation before Retirement	<input type="text"/>
Rate of Increase/Inflation after Retirement	<input type="text"/>
Period during which income occurs	<input type="text"/>
Income Starts	<input type="checkbox"/> Owner Retirement/ <input type="checkbox"/> Today/ <input type="checkbox"/> First Retirement/ <input type="checkbox"/> Both Retired/ <input type="checkbox"/> First Deceased/ <input type="checkbox"/> Owners Age: ___/ <input type="checkbox"/> Date: ___