

CONFIDENTIAL
FINANCIAL LONGEVITY REPORT™ DATA INPUT FORMS

Retirement ADVISORY GROUP, INC.
“Advising you through Retirement”

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Insurance services offered by Retirement Advisory Group, Inc..
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Retirement Advisory Group, Inc. and Calton & Associates, Inc. are independent entities

This Comprehensive, personal financial planning summary is designed to help you take
inventory and assign realistic values to your personal assets and liabilities.
It's the essential first step in identifying input data for your Financial Longevity Report™.

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FAMILY INFORMATION

Name _____ **Age** _____
Date of Birth _____ **Tax Filing Status (S)___ (M)___ (H)___ (MFS)___**
Retired Y___ N___ Date Retired _____ **Planned Date for Retirement** _____

Spouse's Name _____ **Age** _____
Date of Birth _____
Retired Y___ N___ Date Retired _____ **Planned Date for Retirement** _____

Address _____

Phone (Home) _____ **Phone (Business)** _____

Children	Age	State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Questions

- | | Yes | No |
|---|-----|-----|
| 1. Do you have a Financial Advisor? | ___ | ___ |
| If yes, who? _____ | | |
| 2. Do you have a living trust? | ___ | ___ |
| 3. Do you have a will? | ___ | ___ |
| 4. Do you have Power of Attorney? | ___ | ___ |
| 5. Do you have Power of Health Care? | ___ | ___ |
| 6. Do you have income from real estate? | ___ | ___ |
| 7. Do you have an attorney? | ___ | ___ |
| 8. Do you have an accountant? | ___ | ___ |
| 9. Do you expect to care for a child or parent? | ___ | ___ |
| 10. Do you expect an inheritance? | ___ | ___ |
| 11. Any special family concerns? | ___ | ___ |
| 12. Do you have long-term care insurance ? | ___ | ___ |

Financial Planning Objectives

Rank the following according to your level of concern. (Please circle the most appropriate number)

	Not Concerned					Very Concerned				
	1	2	3	4	5	6	7	8	9	10
Planning for Children Grandchildren										
Reducing Current Income Taxes										
Increasing Current Income										
Estate Planning										
Maximum Growth										
Combined Growth & Income										
Safety of Retirement Money										
Safety of Non-IRA Money										

PLEASE RESPOND WITH EACH OF YOUR OPINIONS.

What do you think a **reasonable** rate of return is? You ____% Spouse ____%

How much **short term**, immediate cash do you want available? You \$_____ Spouse \$_____

What percentage of your money are you comfortable with **at risk**? You ____% Spouse ____%

On a scale of 1-10, what is your **risk tolerance**? (1= ultra conservative, 10=very aggressive)

You: 1 2 3 4 5 6 7 8 9 10 Spouse: 1 2 3 4 5 6 7 8 9 10

What percentage or dollar amount of your money would you be **OK** with losing?

You \$_____ or _____% Spouse \$_____ or _____%

What is the main concern with your money?

You: _____

Spouse: _____

Knowing what you know now, what would you have done differently with your money?

You: _____

Spouse: _____

How do you plan on handling your potential long-term care expenses?

Are you concerned your money may not last through retirement?

REAL ESTATE

Estimated value of home	\$ _____	Second home/cottage value	\$ _____
Remaining mortgage	\$ _____	Remaining mortgage	\$ _____
Rental property value	\$ _____	Other _____ value	\$ _____
Remaining mortgage	\$ _____	Remaining mortgage	\$ _____

Expected Home Appreciation Rate _____% Expected Inflation Rate _____%

SOURCES OF MONTHLY INCOME

	You:	COLA Cost of Living Adjustment	Start Date	End Date
Salary	\$ _____	_____ %	_____	_____
Social Security	\$ _____	_____ %	_____	_____
Pension	\$ _____	_____ %	_____	_____
Disability	\$ _____	_____ %	_____	_____
Other _____	\$ _____	_____ %	_____	_____
Total	\$ _____			

SOURCES OF MONTHLY INCOME

	Spouse:	COLA Cost of Living Adjustment	Start Date	End Date
Salary	\$ _____	_____ %	_____	_____
Social Security	\$ _____	_____ %	_____	_____
Pension	\$ _____	_____ %	_____	_____
Disability	\$ _____	_____ %	_____	_____
Other _____	\$ _____	_____ %	_____	_____
Total	\$ _____			

LIABILITIES

Credit Card Debt	\$ _____
Auto Loans	\$ _____
Notes	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

BANK AND CREDIT UNION INVENTORY

(Account type: C=checking S=Savings M=Money Market)

Type	Name of Institution	Current Balance	Ownership
_____	_____	\$ _____	You / Spouse/Trust Y / S / T
_____	_____	\$ _____	Y / S / T
_____	_____	\$ _____	Y / S / T
_____	_____	\$ _____	Y / S / T

CD'S

Name of Bank	Rate of Return	Amount Invested	Maturity Date	Ownership
_____	_____	_____	_____	You / Spouse/Trust Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T

ANNUITIES

(Please bring in latest reports/statements)

Company	Original Investment	Date Purchased	Current Value	Ownership
_____	_____	_____	_____	You / Spouse/Trust Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	Y / S / T

INDIVIDUAL STOCKS AND BONDS OR BROKERAGE ACCOUNTS

(Please include EE Bonds, but not mutual funds of IRA's here) (Also, please bring all statements)

Number Of Shares	Name of Company or Symbol	Original Investment	Market Value	Ownership	Date Acquired
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____

MUTUAL FUNDS/LIMITED PARTNERSHIPS

Number Of Shares	Name of Company or Symbol	Original Investment	Market Value	Ownership	Date Acquired
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____
_____	_____	\$ _____	\$ _____	Y / S / T	_____

IRA & OTHER RETIREMENT ACCOUNT INFORMATION

(Please bring in latest reports/statements)

Name Where Account is (Banks, Brokers, Employer)	Type (401K, IRA, 403b, TSA)	Approximate Value	Owner (You / Spouse/Trust)
_____	_____	_____	Y / S / T
_____	_____	_____	Y / S / T
_____	_____	_____	Y / S / T
_____	_____	_____	Y / S / T
_____	_____	_____	Y / S / T
_____	_____	_____	Y / S / T
_____	_____	_____	Y / S / T

PRESENT LIFE INSURANCE

(Please bring in latest reports/statements)

Company	Type	Face Amount	Cash Value	Annual Premium	Named Insured	Named Beneficiary	Owner
_____	_____	_____	_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	_____	_____	_____	Y / S / T
_____	_____	_____	_____	_____	_____	_____	Y / S / T

2007 TAX RETURN QUESTIONS

(Please write in the amount in the corresponding line number)

- | | |
|-----------|----------|
| 7 _____ | 38 _____ |
| 8a _____ | 40 _____ |
| 8b _____ | 42 _____ |
| 11 _____ | 44 _____ |
| 12 _____ | 45 _____ |
| 13 _____ | 56 _____ |
| 15a _____ | 63 _____ |
| 15b _____ | 72 _____ |
| 16a _____ | |
| 16b _____ | |
| 17 _____ | |
| 18 _____ | |
| 19 _____ | |
| 20a _____ | |
| 20b _____ | |
| 21 _____ | |
| 36 _____ | |

EXPENSES

{Please fill in one of the three amounts we will calculate the total}

<u>HOUSING</u>	<u>Monthly</u>	<u>Quarterly</u>	<u>Annual</u>	<u>Non Recurring Exp</u>
Mortgages	_____	_____	_____	2008 \$ _____
Property Taxes	_____	_____	_____	
Maintenance	_____	_____	_____	2009 \$ _____
Pest Control	_____	_____	_____	
Gardening	_____	_____	_____	2010 \$ _____
Utilities	_____	_____	_____	
Phone/Internet	_____	_____	_____	2011 \$ _____
Cable	_____	_____	_____	
_____	_____	_____	_____	2012 \$ _____
<u>INSURANCE</u>				2013 \$ _____
Health Insurance	_____	_____	_____	2014 \$ _____
Life Insurance	_____	_____	_____	
Long Term Care	_____	_____	_____	2015 \$ _____
LT Disability	_____	_____	_____	
Auto Insurance	_____	_____	_____	2016 \$ _____
Homeowner's	_____	_____	_____	
Flood Ins.	_____	_____	_____	2017 \$ _____
_____	_____	_____	_____	2018 \$ _____
<u>MISCELLANEOUS</u>				2019 \$ _____
Cash	_____	_____	_____	
Cell Phones	_____	_____	_____	2020 \$ _____
Medical	_____	_____	_____	
Dental	_____	_____	_____	2021 \$ _____
Drugs/Supplements	_____	_____	_____	
House Cleaning	_____	_____	_____	2022 \$ _____
Gasoline	_____	_____	_____	
Auto Repair	_____	_____	_____	
Clothing	_____	_____	_____	
Education	_____	_____	_____	
Vacations	_____	_____	_____	
Charge Cards/Loans	_____	_____	_____	
Gifts	_____	_____	_____	
Charity	_____	_____	_____	
Books / Subscriptions	_____	_____	_____	
Food	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

