WHALEN financial group inc.

CONFIDENTIAL CLIENT INFORMATION

CLIENT NAME(S) _____

DOCUMENTS TO BRING TO MEETING

401(k) and IRA Statements

Brokerage Statements

Mutual Fund Statements

Annuity Statements

Life Insurance Statements

Social Security Statements

Pension Statements

Please complete this form in it's entirety prior to your intial consultation so we may make the best use of our time together.

(715) 241-6935 | kerry@whalenfg.com | 226411 Rib Mountain Dr Wausau, Wi 54401 | **whalenfinancialgroup.com**

CONFIDENTIAL CLIENT DATA

CLIENT 1

Name: _____

Date of Birth: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Occupation: _____

Years at Employer: _____

Social Security Number: _____

Driver's License Number: _____

Issue Date: _____ Expiration Date: _____

CLIENT 2

Name: _____

Date of Birth: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Occupation: _____

Years at Employer: _____

Social Security Number: _____

Driver's License Number: _____

Issue Date: _____ Expiration Date: _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ Wedding Anniversary Date: _____

Preferred Phone Contact Method: ☐ Client 1 Cell ☐ Client 2 Cell ☐ Home Phone

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What are some of your concerns about retiring?

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LEGACY PLANNING

CHILDREN/BENEFICIARIES

Name	Address	Gender	Date of Birth	File as a Dependent?	College Funds Needed?	Phone Number

Do you have any children with special needs? ☐ Yes ☐ No

Are they in good health? ☐ Yes ☐ No

Do you have any health issues that may impact your life expectancy?

Has any family member ever needed long term care? ☐ Yes ☐ No If yes, for how long? _____

INCOME

CLIENT 1

Social Security - Collecting? ☐ Yes ☐ No If yes, gross benefit amount: _____

If no, full retirement age amount: _____

Pension Benefits

Company Name	Start Age	Collecting (Yes/No)	Life OR End Age	Gross Monthly Benefit	Projected COLA Increase %	% to Survivor

Retirement Status - Retired? ☐ Yes ☐ No If yes, retire date: _____

If no, annual salary: _____ Monthly take home pay: _____

When would you like to retire? _____

CLIENT 2

Social Security - Collecting? ☐ Yes ☐ No If yes, gross benefit amount: _____

If no, full retirement age amount: _____

Pension Benefits

Company Name	Start Age	Collecting (Yes/No)	Life OR End Age	Gross Monthly Benefit	Projected COLA Increase %	% to Survivor

Retirement Status - Retired? ☐ Yes ☐ No If yes, retire date: _____

If no, annual salary: _____ Monthly take home pay: _____

When would you like to retire? _____

Do you expect your monthly income OR your needed monthly income amount to change in the future?

_____

Do you or your spouse plan to work in retirement? ☐ Yes ☐ No If yes, what kind of work?

_____

EXPENSES

Do you typically spend all of your net monthly income? ☐ Yes ☐ No

What are your total monthly expenses? _____

Are you concerned about outliving your income? ☐ Yes ☐ No If yes, what have you done to address this concern?

What is your desired annual spendable income in retirement?

BANK AND CREDIT UNION ACCOUNTS

Name of Bank	Acct Type	Maturity Date	Interest Rate	Balance

ASSETS & INVESTMENTS

RETIREMENT INVESTMENT ACCOUNTS (PLEASE BRING STATEMENTS)

Current Custodian	Acct Type (IRA, 401(k), etc)	Most Recent Value	Monthly/Annual Contribution Amt	Employer Match %	Account Owner

REAL ESTATE AGENTS

Property Address	Purchase Price	Market Value	Debt Owed	Mortgage Payment	Intend or Sell?

DEBTS & LIABILITIES

Debtor	Type of Debt	Amount Owed	Interest Rate	Payment Amount	Payoff Date

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ANNUITIES

Owner	Company	Account Type	Payout Mode (Monthly/Annual)	Account Value	Benefit Amount	Start Date	Life or End Date

LIFE INSURANCE POLICIES

Company Name	Covered Person	Type of Insurance	Cash Value	Death Benefit	Annual Premium

LONG TERM CARE INSURANCE POLICIES

Company Name	Covered Person	Monthly/Daily Benefit	% Inflation Adjustment	Elimination Period	Coverage Term (Years)	Annual Premium

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CURRENT ADVISORS

Estate Planning Attorney _____

Accountant/CPA _____

Financial Professional _____

Stock Broker _____

Insurance Agent _____

LEGAL DOCUMENTS

Survivorship Deed or Transfer On Death Deed ☐ Yes ☐ No

Last Will and Testament ☐ Yes ☐ No

Living Trust ☐ Yes ☐ No

Living Will ☐ Yes ☐ No

HIPPA Release ☐ Yes ☐ No

Durable Power of Attorney - Financial ☐ Yes ☐ No

Durable Power of Attorney - Healthcare ☐ Yes ☐ No

Pre-arranged Funeral ☐ Yes ☐ No

Funeral Trust ☐ Yes ☐ No

Children's Names on Your Accounts ☐ Yes ☐ No

Would you like information on setting up Estate Planning documents? ☐ Yes ☐ No

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WHO ELSE COULD BENEFIT FROM OUR SERVICES

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