

Agent Name & Email: _____
Phone Number: _____
Return this form to john@milnergroup.com
Fax: 770-558-8905

Basic Client Information

Last Name: _____

First Name: _____ Date of Birth: _____ Age: _____

First Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home/Work/Cell: _____ Home/Work/Cell: _____

Email Address: _____

Do you have children? Name(s) & Age(s): _____

Number of Grandchildren: _____

Do you have long Term Care Insurance? (Please Circle) Yes No

Do you have a Current Will? (Please Circle) Yes No

Present Value of Home: \$ _____ Monthly Payment \$ _____ Years Left: _____

Type of Asset Uncovered (circle one) Savings/CD/IRA/401k/Annuity/Other _____
for this Sale & Amount Amount: \$ _____

Retirement Information

Are you and your spouse still working? Y/N Income: _____ Income: _____

Receiving a retirement pension? Y/N Self: \$ _____ Spouse: \$ _____

Receiving social security yet? Y/N Self: \$ _____ Spouse: \$ _____

Are either of you on disability? Y/N Self: \$ _____ Spouse: \$ _____

Expenses for the month? Total Monthly Expenses: \$ _____

Do you get to end of month and find there is more month than money? Y/N Shortfall \$ _____

How often do you take money from your IRA/401k/Savings? Monthly/Annual Amt: \$ _____

Future expenses expected? When? Expense: _____ in _____ Years
(wedding, college, large purchases)

1st Appointment Questionnaire

Name: _____

Tell me a little bit about what retirement means to you? Do you have anything you want to do?

Bucket List

(Moving, Traveling, Additions to home)

When you think about your savings, your financial security, what do you worry about? Is there anything that keeps you up at night?

Problem

(Running out of money)

What is most important to you? (Select one)

Primary Strategies

☐ I want more income ☐ I want to grow \$ without risk ☐ I want to leave \$ to beneficiaries/kids

When do you anticipate needing access to these funds: _____ years

Risk Tolerance

What’s your risk tolerance level?	Saver (Conservative)				Moderate		Investor (Aggressive)			
Self	1	2	3	4	5	6	7	8	9	10

What’s your risk tolerance level?	Saver (Conservative)				Moderate		Investor (Aggressive)			
Spouse	1	2	3	4	5	6	7	8	9	10

1st Appointment Questionnaire

Existing Accounts

Obtain as much info as you can on the funds being used for this potential sale along with any other account they hold. *(This information helps us paint a clear picture of what you have and how we may be able to help.)*

ADDITIONAL ACCOUNTS:

Account Type	Bank/Company	Owner	Balance	Date Opened
Checking	_____	_____	_____	_____
Savings	_____	_____	_____	_____
CD1	_____	_____	_____	_____
CD2	_____	_____	_____	_____
Life Insurance 1	_____	_____	_____	_____
Life Insurance 2	_____	_____	_____	_____
Annuity 1	_____	_____	_____	_____
Annuity 2	_____	_____	_____	_____
IRA	_____	_____	_____	_____
401k	_____	_____	_____	_____
Brokerage Account	_____	_____	_____	_____

Is there anything important that you would like to share that we have not yet discussed?

Next Appointment Date & Time: _____

(Next appointment should be set for 10 days in the future)

Agent Name & Email: _____

Phone Number: _____

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