



The information provided to us in this form will be used for the sole purpose of evaluating your current retirement plans. This information is used to create a number of reports which will help uncover potential areas of weakness within your current plans. These areas of weakness could cause unnecessary problems in the future if left unaddressed. In order to provide the best possible second opinion, we need as much information as you can provide. **Please complete this form in its entirety prior to your initial consultation so we may make the best use of our time together.**

CLIENT NAME(S): _____

Reports Needed: (Determined by Advisors in Initial Consultation)

- | | |
|--|---|
| <input type="radio"/> - Social Security Maximization | <input type="radio"/> - Action Plan |
| <input type="radio"/> - Color of Money Report | <input type="radio"/> - Custom Life Policy Review |
| <input type="radio"/> - Compass Report | <input type="radio"/> - Custom Annuity Policy Review |
| <input type="radio"/> - Portfolio Analysis Review | <input type="radio"/> - 2nd Opinion Tax Review (\$99) |
| <input type="radio"/> - Roth Conversion Report | <input type="radio"/> - Custom Life Policy Review |

Notes: _____

A PLAN FOR REAL LIFE

CONFIDENTIAL CLIENT INFORMATION

Wausau: 1818 Grand Avenue | Wausau, WI 54403 | T: 715.355.4445

Eau Claire: 3621 E Hamilton Avenue | Eau Claire | WI | 54701 | T: 715.318.4540

Fax: 715.355.4445 | Info@RetireWithBuska.com | www.RetireWithBuska.com

Confidential Client Data:

Client 1: _____ Date of Birth: _____

Client 2: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Client 1 Cell Phone: _____

Client 2 Cell Phone: _____ Preferred: Client 1 Cell | Client 2 Cell | Home

Client 1 Email: _____

Client 2 Email: _____

Client 1 Employer: _____ Occupation: _____

Client 2 Employer: _____ Occupation: _____

Wedding Anniversary Date: _____

Financial Goals:

Label each goal with a level of importance: 5 = Very Important to 1 = Not Important

___ Improve Portfolio Performance

___ Reduce Portfolio Volatility

___ Create A Reliable Lifetime Income Plan

___ Protect Against LTC Costs

___ Plan For Education Expenses

___ Reduce Negative Returns

___ Maximize Inheritance to Beneficiaries

___ Determine Ability To Retire

___ Lower Income Taxes

___ Financial Peace of Mind

___ Estate Planning Concerns

___ Improve Diversification

___ Wealth Preservation

___ Other: _____

What are some of your concerns today? _____

When would you like to retire? _____

What are your retirement goals? _____

Income and Expense Information:

Income:

Client 1: Social Security—If not collecting yet, PIA Amount: _____

If collecting, gross benefit amount: _____

Client 2: Social Security—If not collecting yet, PIA Amount: _____

If collecting, gross benefit amount: _____

Client 1 Pension: List Gross Monthly Amount: _____ Collecting? Y | N

Is there a cost of living increase? If so, how much? Y | N _____

Is there a survivorship benefit? If so, what percentage: Y | N _____

Client 2 Pension: List Gross Monthly Amount: _____ Collecting? Y | N

Is there a cost of living increase? If so, how much? Y | N _____

Is there a survivorship benefit? If so, what percentage: Y | N _____

Client 1: Are you retired? Y | N When did you retire? _____

If no, what is your annual salary? _____ Monthly Take Home Pay: _____

Client 2: Are you retired? Y | N When did you retire? _____

If no, what is your annual salary? _____ Monthly Take Home Pay: _____

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? What kind of work? _____

Expenses:

Do you typically spend all of your net monthly income? Y | N

What are your total monthly expenses? _____

Are you concerned about outliving your income? Y | N

What have you done to address this concern? _____

What is your desired annual income in retirement? _____

Real Estate Asset Information:

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

Debts and Liabilities:

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

Your Rule of 100 and Risk Score:

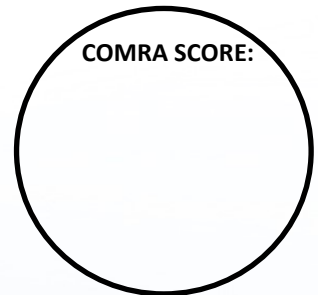
If you haven't yet completed our [Color of Money Risk Analysis](#), please visit [RetireWithBuska.com](#) and click "Get Your Risk Score" to easily determine your score.

$$\boxed{100} - \boxed{\text{Your Age}} = \boxed{\% \text{ Recommended Risk}}$$

The Rule of 100 is a starting point, not an absolute rule.

We use our Color of Money Risk Analysis to help our clients understand their Risk Score.

When it comes to your Risk Score, what percentage of your assets do you think should be exposed to red money at this point in your life?



Green Money: "Know So" money represents those assets which have guaranteed* values and/or guaranteed* growth.

Red Money: "Hope So" money are assets that are more unknown. They may be invested directly in stocks, bonds, mutual funds or other instruments that do not provide guarantees. The rule of thumb known as the "Rule of 100" provides the required tools to investigate what blend of Red and Green assets are right for you.

*Guarantees based on claims paying ability of the insurance carrier or financial institution.

Legacy Planning:

Children:

Name:	Gender:	Date of Birth:	File as Dependent?:	College Funds Needed?:

If you have any children, should they also be listed as your beneficiaries? Y | N

If no, please list who your beneficiaries should be below.

Name:	Gender:	Date of Birth:	Relationship:	Percentage Share:

Do you have any children with special needs? _____

Are your parents still alive? _____

If so, how old are they? _____

Are they in good health? _____

What do you feel your life expectancy will be? _____

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

Has any family member ever needed LTC? If so, for how long? _____

My Current Advisors:

Estate Planning Attorney: _____

Accountant/CPA: _____

Financial Professional: _____

Stock Broker: _____

Insurance Agent: _____

Legal Documents:

Survivorship Deed or Transfer On Death Deed: Y | N

Last Will and Testament: Y | N

Living Trust: Y | N

Living Will: Y | N

HIPAA Release: Y | N

Durable Power of Attorney—Financial: Y | N

Durable Power of Attorney—Healthcare: Y | N

Pre-arranged Funeral: Y | N

Funeral Trust: Y | N

Children's Names on Your Accounts: Y | N

Documents to Bring to Meeting:

401(k) and IRA Statements, Brokerage Statements, Mutual Fund Statements,
Annuity Statements, Life Insurance Statements, Social Security and Pension
Statements, Last Year's Tax Return

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