

A PLAN FOR REAL LIFE

CONFIDENTIAL CLIENT INFORMATION

CLIENT NAME(S) _____

APPOINTMENTS

1st

2nd

3rd

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 it's entirety prior to your initial consultation so we may make the best use of our time together.

Reports Needed (Determined by Advisors in Initial Consultation)

- | | |
|---|---|
| <input type="checkbox"/> Social Security Maximization | <input type="checkbox"/> Retirement Compass |
| <input type="checkbox"/> Financial Overview | <input type="checkbox"/> Custom Annuity Policy Review |
| <input type="checkbox"/> Color of Money | <input type="checkbox"/> Custom Life Policy Review |
| <input type="checkbox"/> Portfolio Analysis Review | <input type="checkbox"/> Roth Conversion Report |
| <input type="checkbox"/> Morningstar Report | |

NOTES: _____



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Confidential Client Data

CLIENT 1

Name _____

Date of Birth _____

Cell Phone _____

Text Yes No

Email Address _____

Employer _____

Occupation _____

Years at Employer _____

CLIENT 2

Name _____

Date of Birth _____

Cell Phone _____

Text Yes No

Email Address _____

Employer _____

Occupation _____

Years at Employer _____

Address _____

Home Phone _____

City/State _____ Zip _____

Wedding Anniversary Date _____

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

Financial Goals

INDICATE LEVEL OF IMPORTANCE: 5 = VERY IMPORTANT TO 1 = NOT IMPORTANT

___ Improve Portfolio Performance

___ Reduce Portfolio Volatility

___ Create A Reliable Lifetime Income Plan

___ Protect Against Long Term Care 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

CLIENT 1

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

If no, full retirement age amount _____

Pension - Collecting? Yes No | If yes, gross monthly amount _____

Is there a cost of living increase? Yes No | If yes, how much _____

Is there a survivorship benefit? Yes No | If yes, what percentage _____

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

If no, annual salary _____ Monthly take home pay _____

CLIENT 2

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

If no, full retirement age amount _____

Pension - Collecting? Yes No | If yes, gross monthly amount _____

Is there a cost of living increase? Yes No | If yes, how much _____

Is there a survivorship benefit? Yes No | If yes, what percentage _____

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

If no, 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? 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? _____

REAL ESTATE ASSETS

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

DEBTS & 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 & Risk Score

IF YOU HAVE YET TO COMPLETE 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 (COMRA) to help our clients understand their Risk Score.

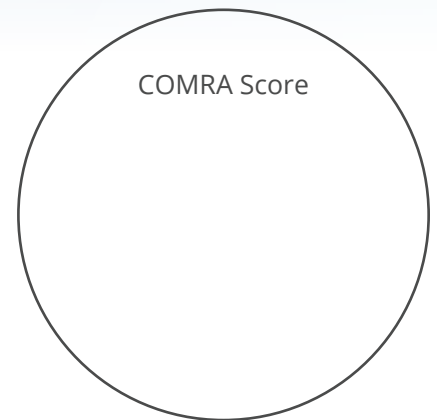
When it comes to your Risk Score, what percentage of your assets do you think should be exposed to red money at this point in your life?

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.

How would you describe your risk tolerance?

Conservative Moderate Aggressive



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

Legacy Planning

CHILDREN

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

IF YOU HAVE ANY CHILDREN, SHOULD THEY ALSO BE LISTED AS YOUR BENEFICIARIES? YES NO
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? Yes No

Are your parents still alive? Yes No

If yes, how old are they? _____ Are they in good health? Yes No

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 long term care? Yes No | If yes, for how long? _____

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

HIPAA 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

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

Last Year's Tax Return