

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="radio"/> Financial Overview | <input type="radio"/> Allocation Roadmap | <input type="radio"/> Custom Annuity Policy |
| <input type="radio"/> Color of Money | <input type="radio"/> Account Summary | <input type="radio"/> Review |
| <input type="radio"/> Social Security Maximization | <input type="radio"/> Morningstar Report | <input type="radio"/> Custom Life Policy Review |
| <input type="radio"/> Retirement Compass | <input type="radio"/> Stock Intersection | <input type="radio"/> Roth Conversion Summary |
| <input type="radio"/> Action Plan | <input type="radio"/> Investment Commentary | |
| | <input type="radio"/> Portfolio Pilot | |

NOTES: _____



WAUSAU 510 N 17th Avenue Suite A, Wausau, WI 54401 | 715.355.4445
EAU CLAIRE 3621 E Hamilton Avenue, Eau Claire, WI 54701 | 715.318.4540
Fax: 715.355.4445 | Info@RetireWithBuska.com | www.RetireWithBuska.com

Advisory services are offered through Buska Wealth Management, LLC, an SEC Investment Advisor. Insurance products and services are offered through Buska Retirement Solutions, Inc., an affiliated company.

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? _____

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 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?_____

Assets & Investments

BANK AND CREDIT UNION ACCOUNTS

Name of Bank	Acct Type	Maturity Date	Interest Rate	Balance

RETIREMENT INVESTMENT ACCOUNTS (PLEASE BRING STATEMENTS)

[illegible]

ANNUITIES

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

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

Assets & Investments Continued

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.

100

-

=

Your Age

% 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.

COMRA Score

Desired Risk

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

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

Documents to Bring to Meeting

☐ 401(k) and IRA Statements

☐ Annuity Statements

☐ Pension Statements

☐ Brokerage Statements

☐ Life Insurance Statements

☐ Last Year's Tax Return

☐ Mutual Fund Statements

☐ Social Security Statements

Buska Social Club

Our Social Club offers a welcoming space for members to connect, build relationships, and share experiences with others in similar life stages. It's about more than just financial security; it's about fostering mental and physical health through meaningful connections and fun enjoyable activities that enrich the retirement experience. **Would you like to receive email updates informing you about upcoming Buska Social Club events?**

☐ Yes, sign me up! ☐ No thanks