

Name: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Retirement Expectations

When you think of retirement, what do you most look forward to?
For each item below, select your degree of importance.

Retirement Expectations	Client 1 <small>(Degree of Importance: High, Medium, or Low)</small>	Client 2 <small>(Degree of Importance: High, Medium, or Low)</small>
Active Lifestyle		
Quiet Lifestyle		
Opportunity to Help Others		
Moving to a New Home		
Work by Choice		
Time to Travel		
Start a Business		
Time With Family and Friends		
Less Stress – Peace of Mind		

Retirement Concerns

When you think of retirement, what worries or concerns you?
For each item below, select your degree of concern.

Retirement Concerns	Client 1 <i>(Degree of Concern: High, Medium, or Low)</i>	Client 2 <i>(Degree of Concern: High, Medium, or Low)</i>
MONEY		
Not Having a Paycheck Anymore		
Running Out of Money		
Suffering Investment Losses		
Leaving Money to Others		
HEALTH		
Cost of Healthcare or Long-Term Care		
Current or Future Health Issues		
Client 1 Dying Early		
Client 2 Dying Early		
Living Too Long		
Getting Alzheimer's (or other illness)		
PERSONAL & FAMILY		
Being Bored		
Too Much Time Together		
Parents Needing Care		
OTHER		