



SAGEMINT WEALTH CLIENT QUESTIONNAIRE

RETURN THIS QUESTIONNAIRE TO

SageMint Wealth

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WEALTH PLANNING WORKSHEET

Complete the following information to assist in the preparation of financial advice and retirement income projections.

CLIENT PROFILE

CLIENT

SPOUSE/PARTNER

Name: _____

Date of Birth: _____

Occupation: _____

Email: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer/Business Name : _____

RETIREMENT DATE Retired < 1 year 1 to 5 years 5 to 10 years 10+ years

RETIREMENT INCOME NEED

Enter your total, monthly retirement income need: _____

(Please enter your monthly living expenses excluding income taxes)

GOALS & OBJECTIVES

Please list any personal or retirement goals below.
(Examples: Buy vacation home; Fund children's education; Leave estate to charity; etc.)

Multiple horizontal lines for writing goals and objectives.



CHILDREN/PARENTS/OTHER DEPENDENTS

	NAME	DATE OF BIRTH	RELATIONSHIP	ANY SPECIAL CONSIDERATIONS?
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

WHAT WOULD YOU LIKE YOUR INVESTMENTS TO PROVIDE? CHECK ONE

- Aggressive growth:** No need for current income, focus on maximum capital appreciation. I can tolerate volatility.
- Growth:** Little need for current income, focus on capital appreciation.
- Growth with income:** Emphasis placed on both modest capital growth and some current income.
- Income with moderate growth:** Need capital preservation and current income.
- Income with capital preservation:** Preserve my purchasing power. I don't need it right now, but I just don't want to lose it.



RETIREMENT ACCOUNTS *(401k, 403b, IRA, Roth IRA, SEP IRA, Profit Sharing, Defined Benefit, etc.)*

ACCOUNT NAME/DESCRIPTION	AMOUNT	ANNUAL CONTRIBUTIONS	OWNER	REGISTRATION <i>(IRA, ROTH, 401k, etc.)</i>	AVAILABLE FOR RETIREMENT?
1) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTMENT ACCOUNTS/ASSETS *(Personal, Trust, Checking, Investments, Stock options, Business Interests, etc.)*

ACCOUNT NAME/DESCRIPTION	AMOUNT	ANNUAL CONTRIBUTIONS	OWNER	REGISTRATION <i>(Trust, Joint, Individual, etc.)</i>	AVAILABLE FOR RETIREMENT?
1) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



INCOME *(Employment, Social Security, Pension, Rental Property Income, Etc.)*

DESCRIPTION/TYPE	MONTHLY AMOUNT	OWNER	GROWTH/COLA %
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

SOCIAL SECURITY *(List your estimated annual benefit for each age)*

Age 62: _____ Age 66/67: _____ Age 70: _____

REAL ESTATE

			VALUE	MORTGAGE BALANCE	MORTGAGE RATE	MORTGAGE TERM (YEARS)
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Vacation/Second Home	_____	_____	_____	_____
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Vacation/Second Home	_____	_____	_____	_____
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Vacation/Second Home	_____	_____	_____	_____
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Rental/Investment	<input type="checkbox"/> Vacation/Second Home	_____	_____	_____	_____



LIFE INSURANCE

		DEATH BENEFIT (AMOUNT)	CASH VALUE	MONTHLY/ANNUAL PREMIUM	POLICY TYPE
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	<input type="checkbox"/> Term (Yrs. __) <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Variable Universal Life
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	<input type="checkbox"/> Term (Yrs. __) <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Variable Universal Life
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	<input type="checkbox"/> Term (Yrs. __) <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Variable Universal Life
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	<input type="checkbox"/> Term (Yrs. __) <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Variable Universal Life

DISABILITY INSURANCE

		COVERAGE (AMOUNT)	BENEFIT PERIOD	WAITING/ELIMINATION PERIOD	MONTHLY/ANNUAL PREMIUM
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	_____
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	_____

LONG TERM CARE INSURANCE

		COVERAGE (AMOUNT)	BENEFIT PERIOD	WAITING/ELIMINATION PERIOD	MONTHLY/ANNUAL PREMIUM
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	_____
<input type="checkbox"/> Client	<input type="checkbox"/> Spouse	_____	_____	_____	_____



Client Questionnaire

DEBT *(Credit Card)*

CARD NAME	BALANCE	INTEREST RATE	MINIMUM PAYMENT	AVERAGE PAYMENT
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

DEBT—OTHER *(Car Loans, Student Loans, Etc.)*

LOAN NAME / DESCRIPTION	BALANCE	INTEREST RATE	MINIMUM PAYMENT	AVERAGE PAYMENT
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

NOTES & COMMENTS

Please list any additional goals, objectives or items you would like to note for consideration.



INITIAL MEETING CHECKLIST

Please provide copies of the following items in order to assist in preparing portfolio growth projections and retirement plans.

INVESTMENT ACCOUNT STATEMENTS

- 401k, 403b, Employer –sponsored retirement plan statements
 - Plan investment options, employer matching
- IRA, SEP IRA, Roth IRA statements
- Brokerage account statements
- Stock options, restricted stock

RETIREMENT INCOME

- Pension plan statements (lump sum vs annuity options)
- Social security statements
- Rental income schedule

INSURANCE & ANNUITY POLICIES

- Insurance policies (life, long-term care, disability, etc.)
- Annuity policies

LEGAL & TAX DOCUMENTS

- Trust, will, durable power of attorney, advanced healthcare directives
- Tax returns