



## SAGEMINT WEALTH CLIENT QUESTIONNAIRE

RETURN THIS QUESTIONNAIRE TO

**SageMint Wealth**

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**Upload Files**



### 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.



## Client Questionnaire

### 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	_____	_____	_____	_____



## Client Questionnaire

### 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	_____	_____	_____	_____



**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.*

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## 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