



**MAINSTAY
CAPITAL
MANAGEMENT
LLC**

Registered Investment Advisor

Retirement Planning Questionnaire

1. PERSONAL INFORMATION

Client Name: _____ Spouse/Other: _____

Date of Birth: _____ Date of Birth: _____

Current Salary: _____ Current Salary: _____

Desired Age of Retirement: _____ Desired Age of Retirement: _____

Retired: ☐ Yes ☐ No If Yes, at what age: _____ Retired: ☐ Yes ☐ No If Yes, at what age: _____

2. EXPENSES

Current Net Living Expenses (after all taxes): \$ _____

*If you do not maintain a budget and find it difficult to answer this question, then consider the following: After all living expenses, taxes, savings programs, etc., do you still have money left over at the end of the month? If so, how much is your annual savings? If this is still difficult to determine, then complete the **Retirement Budget Worksheet Insert**.*

Future Net Living Expenses (after all taxes): \$ _____

After retiring, what monthly income do you desire? Will it be the same as today, or do you plan on increasing or decreasing your expenditures?

3. HOME MORTGAGE EXPENSES

Purchase Price: _____ Current Value: _____

Mortgage Amount: _____ Term of Mortgage (years): _____

Amount Owed: _____ Monthly Payment Amount: _____

Escrow Costs: Property Tax: _____ Insurance: _____ Association Dues: _____

Interest Rate (%): _____ Years Remaining: _____ Date original mortgage began or refinanced: _____

Do you plan to sell your home after retirement? ☐ Yes ☐ No

If Yes, will you invest the proceeds into a new home? ☐ Yes ☐ No

If Yes, what is the value of the remaining proceeds? \$ _____

Do you plan to invest the remaining proceeds? ☐ Yes ☐ No

Note: If you own more than one home, please provide additional information.

Retirement Planning Questionnaire

4. PARTICIPATION IN A RETIREMENT SAVINGS PLAN

401(k), 403(b), 457, TSA

Client

Spouse/Other

| | | |
|---|-------|-------|
| Current Balance (\$): | _____ | _____ |
| Contribution Amount (\$ or %): | _____ | _____ |
| Catch-up Contribution Amount (\$ or %): | _____ | _____ |
| Employer Match (\$ or %)(Capped?): | _____ | _____ |
| Types of Holdings (Equity/Bond %): | _____ | _____ |

5. PENSION INFORMATION AND SOCIAL SECURITY

Please complete all that apply.

Client

Spouse/Other

| | | |
|---|-----------------------|-----------------------|
| Estimated monthly pension benefit at retirement (Pre 62): | _____ | _____ |
| Estimated monthly pension benefit at retirement (Post 62): | _____ | _____ |
| Percentage of Spousal Survivorship Option? | _____ | _____ |
| Does the pension have a COLA feature? | _____ | _____ |
| Is the pension integrated with Social Security? | _____ | _____ |
| Does the pension include medical coverage? | _____ | _____ |
| Social Security benefit* (estimated at age 62 / FRA / 70): | _____ / _____ / _____ | _____ / _____ / _____ |
| If retired and uncertain of Social Security benefit, what was average pre-retirement annual salary? | _____ | _____ |

*Social Security benefit estimates available at www.ssa.gov.

6. ACCOUNT BALANCE

Please complete all that apply.

Joint

Client

Spouse/Other

| | | | |
|---------------|-------|-------|-------|
| Checking: | _____ | _____ | _____ |
| Savings: | _____ | _____ | _____ |
| Money Market: | _____ | _____ | _____ |
| CDs: | _____ | _____ | _____ |



7. INVESTMENT ASSETS NOT MANAGED BY MAINSTAY CAPITAL MANAGEMENT

| Custodian | Type of Account/ Owner | Annual Contribution (\$) | Value (\$) | Stock/Bond Ratio |
|-----------|---------------------------|-----------------------------|------------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

8. COLLEGE SAVINGS

Please complete all that apply.

| | Child 1 | Child 2 | Child 3 |
|---|---------|---------|---------|
| Child's Name: | _____ | _____ | _____ |
| Date of Birth: | _____ | _____ | _____ |
| Type of Account: | _____ | _____ | _____ |
| Annual Contributions: | _____ | _____ | _____ |
| Current Account Balance: | _____ | _____ | _____ |
| Name of College: | _____ | _____ | _____ |
| Percentage of college cost you plan to fund? | _____ | _____ | _____ |
| How long do you plan to contribute to college savings? | _____ | _____ | _____ |

9. INSURANCE POLICIES

| Type* | Account Owner | Purchase Date | Coverage Amount |
|-------|---------------|---------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

*Life, Long Term Care, Disability, etc.



10. OTHER GENERAL INFORMATION

Other specific goals in addition to retirement: _____

Primary state of residence in retirement: _____

Please describe your positive and/or negative investment experiences: _____

Do you have an Estate Plan? ☐ Yes ☐ No If yes, when was it last updated: _____

11. ADDITIONAL INFORMATION

Please provide any additional information that you feel may be beneficial to the advisor: _____

☐ **REQUIRED - I have provided copies of Schedule B and D from my latest tax return.**

Providing Schedule B and D from your latest tax return enables Mainstay to provide a thorough analysis of your financial situation and develop a comprehensive retirement plan.

By signing below, I (we) acknowledge the following: Mainstay Capital Management (Mainstay), as part of its Wealth Management Service offerings, is providing a comprehensive retirement plan based on information and assumptions I (we) have provided. Mainstay generally does not charge for this financial planning service, however a \$500 fee may be charged should I (we) cancel services with Mainstay within one year of the date shown below.

Signature: _____ Date: _____

Spouse/Other Signature: _____ Date: _____



Retirement Budget Worksheet

HOUSING

Homeowners Insurance
Household Improvement and Maintenance
Mortgage
Property Tax
Rent/Condo Fees
Other
Total Housing \$

UTILITIES

Electric
Oil/Gas
Telephone/Cable/Internet Fees
Water/Sewer
Other
Total Utilities \$

PERSONAL

Clothing
Groceries
Laundry/Dry Cleaning
Dining Out
Total Personal \$

HEALTH CARE AND INSURANCE

Dental, Vision, and Hearing
Medical Insurance
Insurance Premium
Other
Total Health Care and Insurance \$

FAMILY CARE

Support of Children or Grandchildren
Support of Parents
Other Obligations
Total Family Care \$

AUTO

Auto Loans or Lease Payment
Registration Fees
Gasoline
Insurance
Routine Maintenance
Other
Total Auto \$

(Continued on reverse side)



Retirement Budget Worksheet

RECREATION

Club Memberships
Hobbies
Travel and Vacation
Other
Total Recreation \$

ENTERTAINMENT

Movies/Theater/Sporting Events
Other
Total Entertainment \$

OTHER

Charitable Contributions
Other
Total Other \$

Total Current Net Living Expenses \$

*Enter the **Total Current Net Living Expenses** amount on **Page 1, Section 2**
of the Retirement Planning Questionnaire.*