



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

<i>Please complete all that apply.</i>	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.*