

**Steven W. Gaito**  
CERTIFIED FINANCIAL PLANNER™  
*Less Taxes / More Retirement*

## **Client Onboarding Packet**

Instructions:

1. Please gather all of the documents listed on the following page which will help us to create your personal retirement analysis.
2. Please enter all of your monthly expenses on the budget worksheet.
3. These forms should be completed and brought with you on your first appointment.

# Steven W. Gaito

CERTIFIED FINANCIAL PLANNER <sup>TM</sup>  
*Less Taxes / More Retirement*

In order to make your "Retirement Profile" personal and accurate, you will need to have the following information when we get together:

1. **Recent pay stub(s)** so we can accurately calculate current income.
2. Current balances of any **Retirement Accounts** which are specifically earmarked for retirement including **IRAs, 401Ks, brokerage statements, mutual funds, stocks, variable annuities, fixed annuity contracts, etc.** Also make sure to include **cash on hand** and/or **emergency fund** balances.
3. Most recent copies of any personal **insurance statements** including **life insurance, long term care and disability income insurance.**
4. A recent **Statement(s) of Benefits from the Social Security Administration.** If you do not have your statement(s), please log on to [www.ssa.gov](http://www.ssa.gov) and click "My Social Security" to create an account. If you already have an account, you should be able to download your most recent statement. If you have further questions, please call the Social Security office toll-free at 800-772-1213.
5. **Insurance or pension benefits provided by your employer,** if any. This may include health, life or disability income insurance policies, along with any pension benefit statements. Please make sure if you have a pension that you have the pension benefits available. This information can be obtained by contacting your pension plan.
6. **Most recent tax return** (state & federal). We will need your total itemized deductions and personal exemptions.

The above items are utilized in creating your retirement income analysis and any original documents will be returned for your records. Remember you will receive a personalized analysis.

If you have any questions, please do not hesitate to call my office at **828-559-0299**

Best Regards,

**Steven W Gaito, CFP®**  
**CERTIFIED FINANCIAL PLANNER <sup>tm</sup>**  
**Retirement Resource Management**  
**68 South Main St Suite 200**  
**Marion, NC 28752**  
**(828) 559-0299**

**Household**

Description	Monthly Amount	Start Date	End Date
Mortgage Principal & Interest	\$	___/___	<input type="checkbox"/> Life or ___/___
Real Estate Taxes	\$	___/___	<input type="checkbox"/> Life or ___/___
Homeowners Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Home Equity Loan	\$	___/___	<input type="checkbox"/> Life or ___/___
Association Dues	\$	___/___	<input type="checkbox"/> Life or ___/___
Rent	\$	___/___	<input type="checkbox"/> Life or ___/___
Renters Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Utilities – Gas – Electric	\$	___/___	<input type="checkbox"/> Life or ___/___
Water – Sewer	\$	___/___	<input type="checkbox"/> Life or ___/___
Cable – Phone – Internet	\$	___/___	<input type="checkbox"/> Life or ___/___
Maintenance & Improvement	\$	___/___	<input type="checkbox"/> Life or ___/___
House Cleaning	\$	___/___	<input type="checkbox"/> Life or ___/___

**Daily Living**

Description	Monthly Amount	Start Date	End Date
Food	\$	___/___	<input type="checkbox"/> Life or ___/___
Dining Out	\$	___/___	<input type="checkbox"/> Life or ___/___
Clothing	\$	___/___	<input type="checkbox"/> Life or ___/___
Personal Care	\$	___/___	<input type="checkbox"/> Life or ___/___

**Healthcare & Insurance**

Description	Monthly Amount	Start Date	End Date
Health Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Prescriptions	\$	___/___	<input type="checkbox"/> Life or ___/___
Life Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Long Term Care Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Disability Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Veterinarian	\$	___/___	<input type="checkbox"/> Life or ___/___

# Steven W. Gaito

CERTIFIED FINANCIAL PLANNER™

*Less Taxes / More Retirement*

Transportation			
Description	Monthly Amount	Start Date	End Date
Auto Loans	\$	___/___	<input type="checkbox"/> Life or ___/___
Auto Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Fuel	\$	___/___	<input type="checkbox"/> Life or ___/___
Repairs	\$	___/___	<input type="checkbox"/> Life or ___/___

Debt & Obligations			
Description	Monthly Amount	Start Date	End Date
Credit Cards	\$	___/___	<input type="checkbox"/> Life or ___/___
Tuition – Student Loans	\$	___/___	<input type="checkbox"/> Life or ___/___
Alimony	\$	___/___	<input type="checkbox"/> Life or ___/___
Child Support	\$	___/___	<input type="checkbox"/> Life or ___/___

Entertainment			
Description	Monthly Amount	Start Date	End Date
Parties & Events	\$	___/___	<input type="checkbox"/> Life or ___/___
Sports – Hobbies – Lessons	\$	___/___	<input type="checkbox"/> Life or ___/___
Membership Dues	\$	___/___	<input type="checkbox"/> Life or ___/___
Vacation & Travel	\$	___/___	<input type="checkbox"/> Life or ___/___

Miscellaneous			
Description	Monthly Amount	Start Date	End Date
Charitable Donations	\$	___/___	<input type="checkbox"/> Life or ___/___
Gifts	\$	___/___	<input type="checkbox"/> Life or ___/___
Other	\$	___/___	<input type="checkbox"/> Life or ___/___

SINGLE    MARRIED  
 PLEASE CHOOSE WHETHER THE CLIENT IS SINGLE OR MARRIED

**Client Profile Tab - Information**

**Contact Information**

	Client	Spouse
First Name		
Last Name		
Birth Date	____/____/____	____/____/____
Phone	(    )    -    _____	(    )    -    _____
Email		
Street Address		
City, State, Zip		

**Professional Contact Information**

Profession	Name	Email Address	Telephone
Accountant			(    )    -    _____
Estate Planning Attorney			(    )    -    _____

**Other Information**

Question	Yes	No	Updated
Do you own health insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you own disability insurance?	<input type="radio"/>	<input type="radio"/>	____/____/____
Have you named your beneficiaries?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a will?	<input type="radio"/>	<input type="radio"/>	____/____/____
Do you have a trust?	<input type="radio"/>	<input type="radio"/>	____/____/____

**Client Profile Tab - Information Continued**

**Family Information**

Name	Relationship	Date of Birth	Spouse's Name
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

**Beneficiary Information**

Name	Relationship	Date of Birth	Address
		____/____/____	
		____/____/____	
		____/____/____	
		____/____/____	

**Client Profile Tab – Goals**

**Goals**

Date	Description
____/____/____	
____/____/____	
____/____/____	
____/____/____	

## Software Tab 1 - Income

### Employment Income

	Client 1	Client 2
Employer		
Current Gross Monthly Salary	\$	\$
Projected Annual Salary Increase %	%	%
Projected Retirement Date	____/____ <input type="checkbox"/> Retired	____/____ <input type="checkbox"/> Retired

### Social Security Benefits

Owner	Strategy	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA
			<input type="checkbox"/> Life or	\$	%
			<input type="checkbox"/> Life or	\$	%
			<input type="checkbox"/> Life or	\$	%

### Pension or Employer Sponsored Retirement Plan

Owner	Description	Start Age	Life or End Age	Gross Monthly Benefit	Projected COLA	% to Survivor
			<input type="checkbox"/> Life or	\$	%	%
			<input type="checkbox"/> Life or	\$	%	%

## Software Tab 2 - Assets

### Retirement Assets

Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$

Retirement Assets Continued						
Owner	Company	Tax Classification IRA, 401k, etc	Investment Vehicle CD, Bond etc	Allocation	Account Value	Monthly Contributions
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$
				<input type="checkbox"/> Low Risk <input type="checkbox"/> At Risk	\$	\$

Additional Assets			
Owner	Company	Description	Value

Single Premium Annuities								
Owner	Company	Tax Classification	Payout	Mode	Initial Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Income Benefit Annuities								
Owner	Company	Tax Classification	Payout	Payout Mode	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___
			<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual	\$	\$	___/___	<input type="checkbox"/> Life or ___/___

Portfolio Information	
	Amount
Projected Before Retirement Rate of Return	%
Projected After Retirement Rate of Return	%
Minimum Retirement Funds	\$
Desired Risk Level (Please reference the Risk Assessment Questionnaire below)	%



<b>Software Tab 2 – Risk Assessment Button</b>	
<b>EMERGENCY FUNDS</b> – What dollar amount would you like in liquid or emergency funds?	
<b>TIME HORIZON</b> - How much time, in years, can you let your Assets Earmarked for Retirement grow, before you will have to begin withdrawals?	<b>Points</b>
0-2 Years	0
3-5 Years	1
6-10 Years	2
10+ Years	3
13+ Years	4
Answers to this question will help us determine how long you might leave your money before having to use it in retirement.	Total Points
<b>APPROACH TO SAVINGS &amp; RISK</b> – How do you feel about Saving and Risk?	<b>Points</b>
I do not want to see my principal amount decrease.	0
I cannot afford a significant loss to principal regardless of interest earned.	1
As long as my rate of interest stays ahead of inflation, I don't want the exposure to non - guaranteed financial products.	2
If I can make a moderate rate of interest on my money, I can withstand some fluctuation.	3
I want the potential for higher returns and I am willing to take on some risk.	4
Answers to this question will help us determine your tolerance for risk.	Total Points
<b>INTEREST EARNING</b> - What would you consider reasonable interest earned on your assets earmarked for retirement?	<b>Points</b>
3% - 4%	0
4% - 6%	1
7% - 9%	2
9% - 11%	3
Greater than 11%	4
Answers to this question will help us determine your expectations for interest earned.	Total Points
<b>RISK TOLERANCE</b> – You've just made a \$100,000 investment. You are exposed to the following best and worst-case scenarios. Which possibility would you choose?	<b>Points</b>
Best Case = \$102,000 Increase = 2,000 Worst Case = \$100,000 Decrease = \$0	0
Best Case = \$104,000 Increase = 4,000 Worst Case = \$96,000 Decrease = \$4,000	1
Best Case = \$108,000 Increase = \$8,000 Worst Case = \$92,000 Decrease = \$8,000	2
Best Case = \$112,000 Increase = \$12,000 Worst Case = \$88,000 Decrease = \$12,000	3
Best Case = \$116,000 Increase = \$16,000 Worst Case = \$84,000 Decrease = \$16,000	4
Answers to this question will help us determine your risk tolerance.	Total Points

### Software Tab 6 – Red Line Solves Button

The analysis may show you running out of money during retirement. If this were to occur, how would you rank taking the following steps to help alleviate the red line? Use a scale of 1-6 where 1 would be the most desirable step and 6 the least desirable step.

Red Line Solutions Steps – Rank from 1-6	Ranking
Work longer, retire at a later date.	
Work a second or part time job after retirement.	
Reduce monthly expenses.	
If not yet retired, increase contributions to retirement savings.	
Reverse mortgage	
Look for other income alternatives.	

### Software Tab 7 – Life Insurance

#### Health Information

Client	Smoker	Health Concerns
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Existing Life Insurance Information

Owner	Company	Type	Death Benefit	Monthly Premium	Cash Value	Policy End Date
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ___/___
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ___/___
		Term Permanent	\$	\$	\$	<input type="checkbox"/> Life or ___/___

### Software Tab 8 – Long Term Care

#### Existing Long-Term Care Coverage Information

Owner	Company	Type	Start Date	Daily Benefit	Years	Inflation Type	Inflation %	Monthly Premium
		Indemnity Reimbursement	___/___/___	\$		Simple Compound	%	\$
		Indemnity Reimbursement	___/___/___	\$		Simple Compound	%	\$

## Client Signatures

I hereby attest that the information on this Client Data Form has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your retirement software to create my retirement analysis. I understand fixed-only licensed insurance agents may not suggest the sale of an insurance product based upon the sale or liquidation of securities products. Proper registered registrations are required for such recommendations and sales. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for your retirement. The financial professional providing the analysis does not provide tax or legal advice. Prior to making any financial decisions consumers should obtain tax or legal advice from a qualified professional.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_ Date: \_\_\_\_\_