

## FINANCIAL PLANNING QUESTIONNAIRE

REINHART FINANCIAL GROUP PLANNING QUESTIONNAIRE FOR: IN-RETIREMENT ADDENDUM



## **DOCUMENTS**

• T/	AX FORMS
	Most recent Tax return Most recent W-2 form
• FI	NANCIAL
	Most recent copies of any investment accounts, or any other financial assets Information regarding any investment properties you have an interest in Most recent copies of all savings / checking accounts Most recent copies of Social Security (or comparable) retirement benefits. If unavailable, please notify us and ask for guidance regarding where to find this information.  Spreadsheet that details all substantial debt or liabilities, including mortgage debt  Please include interest rate and margin of interest if the debt is variable  Are the student loans private? Federal? Please note on spreadsheet
	Copy of your budget (best average monthly estimate, itemized if possible/applicable) Copy of employer benefits booklet that details life, health, disability, and 401k benefits If you have a will, living trust, or power of attorney please provide a copy of those documents If you are eligible to participate in an employer 401(k) or Pension Program, please provide as much detail as possible; please see examples of such below  401(k)/403(b): Employer Matching formula   Profit Sharing formula   Roth availability Pension Program: Options for timing and structure of payments   Cost of Living Adjustments   Medical Benefits  PECIFIC INFORMATION
Income	Spouse 1: \$ <b>Net Worth</b> Total: \$
	Spouse 2: \$ Investable: \$

Securities offered through Cambridge Investment Research, Inc. a Broker/Dealer, Member FINRA/SIPC. Investment Advisory Services offered through Cambridge Investment Research Advisors, Inc. a Registered Investment Advisor.

Cambridge and Reinhart Financial Group are not affiliated

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge or sponsor company forms. This information is provided by you (the client). If any of the information is incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.



## QUESTIONNAIRE | RETIREMENT

(including IRA RMDs)	AMOUNT - EDECLIENCY
TYPE OF INCOME	AMOUNT + FREQUENCY
	/
	/
	//
	//
	/
	//
Please describe any short-term financial	l commitments that we should be aware of (0-5 years)
Do you expect your income need to incr retirement? By how much and when?	ease or decrease as you move further along in

Places list all current sources of income, acide from distributions from investment accounts

Securities offered through Cambridge Investment Research, Inc. a Broker/Dealer, Member FINRA/SIPC. Investment Advisory Services offered through Cambridge
Investment Research Advisors, Inc. a Registered Investment Advisor.

Cambridge and Reinhart Financial Group are not affiliated

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge or sponsor company forms. This information is provided by you (the client). If any of the information is incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.



<ul> <li>Are you planning on leaving assets to your heirs? If so, will this come in the form of a home, dollars, or another type of asset?</li> </ul>		
<ul> <li>Are you expecting to stay in your current residence indefinitely? If you plan to have multiple residences or change residences in retirement, please describe in detail.</li> </ul>		
<ul> <li>How have you obtained health insurance coverage in retirement? If this is through a means other than Medicare and Medicare supplement, please provide details, and provide your ability retain this coverage after age 65.</li> </ul>		



## QUESTIONNAIRE | INSURANCE / LIABILITIES

<ul> <li>Please describe the life insurance currently in-force for each spouse (provide documentation on any non-employer, private policies in place)</li> </ul>		
If either spouse passed away, would you want their portion of income to be replaced?		
If either spouse passed away, would you want all debt to be eliminated?		
Please list any Long Term Care insurances in place. (Please provide documentation as well)		

Securities offered through Cambridge Investment Research, Inc. a Broker/Dealer, Member FINRA/SIPC. Investment Advisory Services offered through Cambridge
Investment Research Advisors, Inc. a Registered Investment Advisor.

Cambridge and Reinhart Financial Group are not affiliated

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge or sponsor company forms. This information is provided by you (the client). If any of the information is incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.