



Retirement Planning Questionnaire

Name _____ Age/DOB _____

Address _____

Phone _____ Email _____

When do you plan on retiring? _____

Health _____

Medications _____

Do you smoke? Y or N Number of years teaching _____ Yrs of service at other schools _____

Years you plan on working _____ Monthly income _____

What's your understanding of how your state pension plan works? _____

What were you hoping to get out of our meeting today? _____

Are you taking advantage of any district approved supplemental retirement programs? _____

Do you have any of the following or contribute to any of the following?

	Current amount	Monthly contributions
Savings		
Emergency Fund		
Stocks/mutual funds		
401k, 403b, 457, etc		
Cash value life insurance		

What money is for retirement income? _____

Do you want your retirement income guaranteed with no risk? _____

How much money is left over from your paycheck each month? _____

Do you get a tax refund every year? _____

How much could you comfortably set aside each month? _____

Spouse/Domestic partner/Significant other _____

Spouse/Domestic partner/Significant other occupation _____

Children name/age _____

Plans for paying for children's college _____

Mortgage? Y or N Mortgage balance _____