



## **DISCOVERY WORKBOOK**

**Prepared For** \_\_\_\_\_

**By** **JAMES C. CLAIBORNE, CFS, ChFC**

**On** \_\_\_\_\_

**Personal Information**

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Names & Ages**

**Client's full name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Retirement age: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Home Email: \_\_\_\_\_

Marital Status: Married      Single      Divorced      Anniversary Date: \_\_\_\_\_

**Spouse's full name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Retirement age: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Home Email: \_\_\_\_\_

**Family/Recreation/Personal**

Children's school (name, grade level, major/minor, graduation date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recreational Activities

\_\_\_\_\_  
\_\_\_\_\_

## Other Financial Advisors

### Accountant

Name/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Attorney

Name/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Insurance & Risk

### Risk Profile

Investment Attitude:  Very Conservative  Conservative  Moderate  Aggressive  Very Aggressive

Investment Experience:  None  Very Little  Moderate  Significant  Extensive

**Insurance Information** You may need to review your insurance policies in order to get this information.

	Client	Spouse
Permanent life insurance:	\$ _____	\$ _____
Term life insurance:	\$ _____	\$ _____
Cash values (less loans):	\$ _____	\$ _____
Long-term care:	\$ _____	\$ _____

## Pension, Earned Income & Social Security

**Defined Benefit Pension(s)** Include information on pension plans that provide an annual income level (i.e.: military pension, state pension, etc.)

	Client Pension 1	Client Pension 2	Spouse Pension 1	Spouse Pension 2
Anticipated annual amount:	\$ _____	\$ _____	\$ _____	\$ _____
Starting age:	_____	_____	_____	_____
Increase rate before retirement:	_____ %	_____ %	_____ %	_____ %
Increase rate after retirement:	_____ %	_____ %	_____ %	_____ %
Survivor benefit (%):	_____ %	_____ %	_____ %	_____ %

### Earned Income

	Client	Spouse
Earned income now:	\$ _____	\$ _____

### Social Security

	Client	Spouse
Age to start benefit:	\$ _____	\$ _____

## **Expenses**

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc. Do not include taxes.

### **Annual Living Expenses (today's dollars)**

Now: \$ \_\_\_\_\_  
 Current Surviving Household: \$ \_\_\_\_\_  
 During Retirement: \$ \_\_\_\_\_  
 Single Retiree Survivor: \$ \_\_\_\_\_

### **Annual inflation rates for living expenses**

Before Retirement: \_\_\_\_\_ %  
 Surviving Household: \_\_\_\_\_ %  
 During Retirement: \_\_\_\_\_ %  
 Single Retiree Survivor: \_\_\_\_\_ %

## **Education and Special Income/Expenses**

**Special Income/Expense** List any other sources of income or special expenses to be paid from your capital accounts.

Description	Annual amount	Annual increase rate	Starting year	Number of years
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____
_____	\$ _____	_____ %	_____	_____

### **Children's Education and Fund Expenses**

Name of Child	Date of birth/Age	Age to start college	Cost per year*	# of years	Current college fund
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

College fund account types (529,UGMA,Ect): \_\_\_\_\_

**Client Investments**  
**(please attach recent statement for each account)**

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

<u>Asset Description</u>	<u>Current_value</u>	<u>Annual Additions</u>
401K / 403B / Profit Sharing Plan	\$ _____	\$ _____
Traditional IRA / Rollover IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Non-retirement Assets (CD's, Savings Accounts, etc.)	\$ _____	\$ _____
Life Insurance Cash Values	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Spouse Investments**

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

<u>Asset Description</u>	<u>Current_value</u>	<u>Annual Additions</u>
401K / 403B / Profit Sharing Plan	\$ _____	\$ _____
Traditional IRA / Rollover IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Non-retirement Assets (CD's, Savings Accounts, etc.)	\$ _____	\$ _____
Life Insurance Cash Values	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Jointly Held Investments**

List capital assets including banking accounts, investment accounts, stocks, bonds, mutual funds, business interests and other financial assets.

<u>Asset Description</u>	<u>Current_value</u>	<u>Annual Additions</u>
Non-retirement Assets (CD's, Savings Accounts, etc.)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Other Assets**

**Other Asset Values**

Residence value: \$ \_\_\_\_\_  
 Personal property: \$ \_\_\_\_\_  
 Autos: \$ \_\_\_\_\_  
 Boats, RVs, etc: \$ \_\_\_\_\_  
 Other assets: \$ \_\_\_\_\_

**Other Debts/Liabilities**

Residence mortgage: \$ \_\_\_\_\_  
 Credit card balances: \$ \_\_\_\_\_  
 Autos loans: \$ \_\_\_\_\_  
 Boats, RVs, etc. loans: \$ \_\_\_\_\_  
 Other loans: \$ \_\_\_\_\_

## ***Additional Questions***

### “What If” Scenarios

1. Ideal Retirement Age \_\_\_\_\_ Ideal Monthly after Tax Income \$ \_\_\_\_\_
2. Acceptable Retirement Age \_\_\_\_\_ Acceptable Monthly after Tax Income \$ \_\_\_\_\_

### Estate Planning

1. Have you executed any wills or trusts? \_\_\_\_\_
2. Who is the executor? \_\_\_\_\_
3. Who are the beneficiaries? \_\_\_\_\_
4. When was the last time your Estate Plan was reviewed? \_\_\_\_\_

### Savings

1. Outside your company retirement/savings plan, how much did you save last year after taxes? \$ \_\_\_\_\_

### Goals

1. What are your primary goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If money were not an issue, what would you and your family be doing...  
Right now? \_\_\_\_\_  
5 Years? \_\_\_\_\_  
Retirement? \_\_\_\_\_

3. What areas would you most like to improve upon? \_\_\_\_\_

4. If we are meeting here 3 yrs. From today, looking back over those 3 yrs., what has to have happened during that period for you to feel happy with your progress? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Questions (Continued)**

Advising

1. When working with financial advisors in the past, how would you characterize your experience?

---

---

2. Where are you currently getting your financial advice?

---

---

3. How did you choose your current advisor?

---

---

4. What is (or would be) important about a relationship with a financial advisor to you?

---

---

Conclusion

1. Is there anything that I have not touched on that you feel is important for me to know?

---

---

2. For the relationship to be a good experience for you, what three things would need to happen?

1. 

---
2. 

---
3. 

---

3. Of the Goals we have discussed, which are most important?

---

---

# Budget Calculation Worksheet (Optional)

## Estimated Monthly Expenses

Item:	Now:	Retirement:	Survivor:
Rent or lease payment			
Food and household incidentals			
Utilities, telephone			
Auto operating and maintenance			
Clothing and personal items			
Property improvements & upkeep			
Domestic help, babysitting			
Property taxes			
Entertainment & vacations			
Charitable contributions			
Childcare			
Alimony, child support			
Books, papers, subscriptions			
Home furnishings			
Gifts, birthdays			
Medical expenses			
Other expenses			
Mortgage payment			
Auto loan payment			
Boat & RV payments			
Credit card payments			
Other loan payments			
Life insurance premiums			
Medical insurance premiums			
Auto insurance premiums			
House insurance premiums			
Other insurance premiums			