



4061 North Main Street, Suite 250 Racine, Wisconsin 53402 p. (262) 898-7300 f. (262) 898-7301 www.BodeFinancialGroup.com

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## Thomas L Bode, CPA/PFS, CFP®, 2014 Five Star Wealth Managersm

Confidential Questionnaire	Date Completed	_/	/	
Client Information				
Client Name (1)	Client Name (2)			
Home Address				
City, State, ZIP				
Home Phone ()				
Mobile Phone ()				
Email				
Date of Birth				
Employment Client Employer (1)	_ Client Employer (2)			
Occupation		pation		
Approximate Annual Income \$				
Family Members (Please list children and	other dependents)			
Name Relationshi	p Date of Birth	Dep	endent	
	//	Y	N	
	/	Y	N	
<u> </u>	/	Y	N	

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Please Add Any Additional Comments or Questions You May Have

	Questions You May Have	
Have you created and begun funding your retirement strategy?		
(retirement age, income, healthcare, ect.)		

Have you estimated the amount of Social Security income included in your retirement plan?

Is taking action on your retirement plans imminent? (Next 1-5 years)

Do you have any significant debts? (Mortgages, Credit Card Bills, other.)

Have you put in place a plan to optimize the **After-Tax** value of your savings? To maintain your lifestyle from your retirement income stream?

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Total Education Funding



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## **Retirement Plans and Annuities** (Examples include 401(k)s, 403(b)s, IRAs, Cash Balance Plans, and Variable / Fixed Annuities) Account **Type** Owner **Current Estimated** Name Market Value \$\_\_\_\_ **Total Retirement Plans Bank Accounts and Investment Accounts** (Examples include checking, savings, CDs, money market accounts, stocks, bonds, mutual funds, real estate) Account **Type** Owner **Current Estimated** Name Market Value \$ \$ \$ **Total Investments Education Funding** (Examples include 529s, ESAs / Coverdells, other) Account **Type** Owner **Current Estimated** Name **Market Value** \$\_\_\_\_

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