

## Retirement Evaluation Checklist

NAME \_\_\_\_\_

DATE \_\_\_\_\_

D.O.B. \_\_\_\_\_

EMAIL \_\_\_\_\_

### 1 Do you have a retirement plan?

Yes     No     Not Sure     Need One

### 2 If yes, what type(s) of plan(s) do you have? Check all that apply:

IRA     Roth IRA     401(k)     Roth 401(k)     403(b)  
 457(b)     Simple IRA     SEP IRA     Qualified Plan  
 Others: \_\_\_\_\_

### 3 Marital Status:

Married     Single     Divorced     Widow/Widower     Separated

### 4 Spouse's Age: \_\_\_\_\_

### 5 Employment Status:

Employee     Self-Employed     Retired     Unemployed

### 6 Please list your plan balance(s):

Plan: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Custodian: \_\_\_\_\_  
Plan: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Custodian: \_\_\_\_\_  
Plan: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Custodian: \_\_\_\_\_

### 7 Are you required to take an RMD this year? (If over 70 years old)

Yes     No     Not Sure

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- 8** Have you done an IRA rollover in the past 12 months?  
 Yes     No     Not Sure
- 9** When did you last update your plan beneficiary designation forms?  
 Within the Last Year     Over One Year Ago     Not Sure
- 10** Do you have an exit strategy for your IRA, 401(k) or pension plan?  
 Yes     No     Not Sure
- 11** When do you plan to retire? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- 12** Are your retirement plans Multi-Generational?  
 Yes     No     Not Sure
- 13** Are your retirement plans insured?  
 Yes     No     Not Sure
- 14** Do you have a sustainable, guaranteed stream of income you cannot outlive set up for your retirement?  
 Yes     No     Not Sure     I Would Like To Explore This Option
- 15** Have you eliminated market risk while preserving the upside Potential of the market in your retirement plans?  
 Yes     No     Not Sure
- 16** Would a loss of 20% - 30% in the value of your retirement accounts cause you to delay retirement?  
\_\_\_\_\_
- 17** How much do you have allocated to cover a long-term care event?  
\_\_\_\_\_

# Retirement Evaluation Checklist

**18** What long-term care plan or solution do you currently have in place?

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**19** Do you have any CDs? (Financial instruments, not music!)

Yes     No     Current Interest Rate \_\_\_\_\_%    Bank Name \_\_\_\_\_

**20** Do you have any Money Markets?

Yes     No    Amount \$ \_\_\_\_\_    Financial Institution \_\_\_\_\_

**21** Do you have other questions about your retirement plans or retirement in general?

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**22** Do you have an inherited IRA or anticipate inheriting an IRA or 401(k)?

Yes     No

## Follow up: My To Do List

| ACTION | DATE DUE | DATE COMPLETED |
|--------|----------|----------------|
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|        |          |                |
|        |          |                |
|        |          |                |
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|        |          |                |
|        |          |                |
|        |          |                |

\_\_\_\_\_  
MY SIGNATURE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
DATE