



Freedom Financial Advantage, LLC

Annuities • Insurance • Money Management

WEBSITE : FREEDOMFINANCIALADVANTAGE.NET

GILBERT L. PEACOCK: 704-905-9867

OFFICE BY APPOINTMENT ONLY • LICENSED IN 15 STATES

INFORMATION FOR RETIREMENT PROFILE

Date: ____/____/____

Name: _____ Name: _____

Address: _____

Home Phone: (____)____-____ Email: _____

Section 1. Personal and Employment Information

DOB: ____/____/____ ____/____/____
 (dd) (mm) (yyyy) (dd) (mm) (yyyy)

Current Gross Monthly Salary: \$ _____ \$ _____

Increase ____% Increase ____%

Desired Retirement Date: ____/____/____ ____/____/____
 (dd) (mm) (yyyy) (dd) (mm) (yyyy)

Section 2. Retirement Income

Social Security Benefits

Current Social Security Monthly Benefit (if already retired): \$ _____ \$ _____
 Projected Monthly Social Security Income at age 62: \$ _____ \$ _____
 Projected Monthly Social Security Income at full retirement age: \$ _____ \$ _____
 Projected Social Security Cost of Living Increase: ____%

Pension Income

Pension Beginning at: Age: ____ COLA ____% Age: ____ COLA ____%
 Monthly Pension: \$ _____ \$ _____
 Percent to survivor (if any) ____% ____%

Section 3. Investments Earmarked for Retirement Income

Who	Type	Company	Risk*	Balance	Mo. Deposit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Section 4. Details During Retirement

Desired Risk in Investment Portfolio ____% Desired minimum investment balance \$ _____
 Estimated Investment Returns: Before Retirement ____% After Retirement ____%
 Projected Inflation Rate ____%



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Section 5. Insurance

Life Insurance

Who	Type (if term, ending year)	Face Amt	Mo. Prem.	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Long Term Care Insurance

Who	Monthly Benefit	Years of Coverage
_____	_____	_____
_____	_____	_____

Section 6. Income details

Desired Monthly Income (After Tax) \$ _____ (if uncertain, see Section 8)

What % of Income to Survivor at 1st Death: _____%

Estimated State Income Tax Rate: _____%

Section 7. Adjustments during retirement

Fixed obligations and the year they will end (example: Mortgage):

Description	Monthly Amount	Ending Year
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Additional Monthly Income Information (if any)

	Amount	Start Year	End Year	% Increase
Part Time Job – Spouse #1	_____	_____	_____	_____
Part Time Job – Spouse #2	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

“One Time” or Annual Lump Sum Deposits or Withdrawals

	Amount	Start Year	End Year	% Increase
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Section 8. Estimated Retirement Budget Worksheet (if needed)

Home:

Primary Mortgage _____
Second Mortgages _____
Property Tax _____
Homeowner Insurance _____
Home Maintenance _____
Utilities* _____

General Living:

Food _____
Clothing & Sundries _____
Education _____
Vacation/Travel _____
Recreation/Entertainment _____
Medical Expenses _____
Others _____

Transportation:**

Auto Maintenance/Gas _____
Auto payments _____
Auto Insurance _____

Insurances:

Life _____
Medical -- Spouse #1 _____
Medical -- Spouse #2 _____
Long Term Care Insurance _____
Others _____

Miscellaneous/Other:

Total Expenses:

Notes:

*Utilities include telephone, cell, electricity, gas, water, internet, cable, etc.

**Transportation also includes RV's, Boat, etc.