**Client Starter Pack**

**Appointment Forms**

Instructions:

1. Please gather all of the documents listed on the following page which will help us to create your personal retirement analysis.
2. Please enter all of your monthly expenses on the budget worksheet.
3. These forms should be completed and brought with you on your first appointment.

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**Pre-Appointment Checklist**

**Dear Client,**

In order to make your “Retirement Profile” personal and accurate, you will need to have the following information when we get together:

1. R**ecent pay stub(s)** so we can accurately calculate current income.
2. Current balances of any **Retirement Accounts** which are specifically earmarked for retirementincluding **IRAs, 401Ks, brokerage statements, mutual funds, stocks, variable annuities, fixed annuity contracts, etc**. Also make sure to include **cash on hand** and/or **emergency fund** balances.
3. Most recent copies of any personal **insurance statements** including **life insurance, long term care and disability income insurance**.
4. A recent **Statement(s) of Benefits from the Social Security Administration**. If you do not have your statement(s), please log on to [www.ssa.gov](http://www.ssa.gov) and click “My Social Security” to create an account. If you already have an account you should be able to download your most recent statement. If you have further questions please call the Social Security office toll-free at 800-772-1213.
5. **Insurance or pension benefits provided by your employer,** if any**.** This may include health, life or disability income insurance policies, along with any pension benefit statements. Please make sure if you have a pension that you have the pension benefits available. This information can be obtained by contacting your pension plan.
6. **Most recent tax return** (state & federal). We will need your total itemized deductions and personal exemptions.

Remember, there is no charge for this consultation and you will receive a personalized analysis. The above items are utilized in creating your retirement income analysis and any original documents will be returned for your records.

If you have any questions please do not hesitate to call my office at **424-288-4254**.

Best Regards,

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

**Tim Peterson and Phyllis Hyde**

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**Monthly Budget Worksheet**

**Monthly Budget Worksheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household** | | | | |
| Description | Monthly Amount | Inflation % | Start Date | End Date |
| Mortgage Principal & Interest | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Real Estate Taxes | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Homeowners Insurance | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Home Equity Loan | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Association Dues | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Rent | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Renters Insurance | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Utilities – Gas – Electric | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Water – Sewer | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Cable – Phone – Internet | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Maintenance & Improvement | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| House Cleaning | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
|  | | | | |
| **Daily Living** | | | | |
| Description | Monthly Amount | Inflation % | Start Date | End Date |
| Food | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Dining Out | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Clothing | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Personal Care | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
|  | | | | |
| **Healthcare & Insurance** | | | | |
| Description | Monthly Amount | Inflation % | Start Date | End Date |
| Health Insurance | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Prescriptions | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Life Insurance | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Long Term Care Insurance | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Disability Insurance | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Veterinarian | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
|  | | | | |
| **Transportation** | | | | |
| Description | Monthly Amount | Inflation % | Start Date | End Date |
| Auto Loans | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Auto Insurance | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Fuel | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Repairs | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |



**Monthly Budget Worksheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Debt & Obligations** | | | | |
| Description | Monthly Amount | Inflation % | Start Date | End Date |
| Credit Cards | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Tuition – Student Loans | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Alimony | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Child Support | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
|  | | | | |
| **Entertainment** | | | | |
| Description | Monthly Amount | Inflation % | Start Date | End Date |
| Parties & Events | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Sports – Hobbies – Lessons | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Membership Dues | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Vacation & Travel | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
|  | | | | |
| **Miscellaneous** | | | | |
| Description | Monthly Amount | Inflation % | Start Date | End Date |
| Charitable Donations | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Gifts | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |
| Other | $ | % | \_\_\_/\_\_\_\_ | Life or \_\_\_/\_\_\_\_ |