

THE **MOMENTOUS** W.E.A.L.T.H. PROCESS

CLIENT #1 _____ DOB: _____

CLIENT #2 _____ DOB: _____

Desired Retirement Age #1 _____ Desired Retirement Age #2 _____

W- WHAT IS MOST IMPORTANT TO YOU?

RETIREMENT WANTS AND WISHES

Travel Budget: _____ /year Education Funding: _____ /year

Charitable Giving _____ /year Other: _____

MOST IMPORTANT GOALS:

Short-Term Goals (1-3 years):

1. _____

2. _____

Intermediate-Term Goals (3-10 years):

1. _____

2. _____

Long-Term Goals (10+ years):

1. _____

2. _____

RETIREMENT EXPECTATIONS: (check all that apply)

Part-Time Work _____ Never Retire _____ Active Lifestyle _____ Quiet Lifestyle _____

Travel _____ Time w/ Family/Friends _____ Help Others _____ Move _____

RETIREMENT CONCERNS (check all that apply)

Running Out of Money ____ Investment Losses ____ Leaving Money to Others ____
Spending To Much ____ Cost of LTC ____ Health Issues ____ Parents Needing Care ____

E-EXPENSES AND INCOME SOURCES

MONTHLY EXPENSES: _____ (AFTER TAX)

INCOME #1: _____/yr INCOME #2 : _____ /yr

SS BENEFIT #1 _____/mo @FULL RETIREMENT AGE (FRA)

SS BENEFIT #2 _____/mo @FULL RETIREMENT AGE (FRA)

Pension #1 _____/mo @ AGE: _____

Pension #2 _____/mo @ AGE: _____

Rental Income _____ / mo Other Income _____ /mo

A-ASSETS AND LIABILITIES

JOINT SAVINGS: _____ MONEY MARKETS _____

INDIVIDUAL SAVINGS: _____

RETIREMENT ASSETS

CLIENT #1: 401K/403B BALANCE: _____ CONTRIBUTIONS _____ / YR

IRA: _____ ROTH IRA: _____ CONTRIBUTIONS _____ / YR

INHERITED IRA _____ (BALANCE)

CLIENT #2: 401K/403B BALANCE _____ CONTRIBUTIONS _____ / YR

IRA: _____ ROTH IRA: _____ CONTRIBUTIONS _____ / YR

INHERITED IRA _____ (BALANCE)

LIABILITIES

MORTGAGE #1: MONTHLY PMT _____ RATE _____ TERM _____

DATE BOUGHT: _____ BALANCE: _____

MORTGAGE #2: MONTHLY PMT _____ RATE _____ AMOUNT: _____

CREDIT CARD #1: _____ @ _____ %

CREDIT CARD #2: _____ @ _____ %

CAR LOAN #1 : _____ @ _____ % CAR LOAN #2 : _____ @ _____ %

COLLEGE DEBT: _____ PAYMENT _____

L- LONGEVITY RISK

Is there a history of longevity in your family? **Client #1:** _____ **Client #2:** _____

Is leaving a legacy important to you? Yes / No

T- TAXES

Do you typically get a **refund** or **pay in**? _____ We have partnered with a service called **Holistiplan** which allows us to analyze your tax return to find planning opportunities to reduce taxes now or in the future. **Check if interested in a Holistiplan Tax Review?** _____

H- HEALTHCARE AND INSURANCE

Will your company healthcare cover insurance if you retire early? _____ How many years? _____
If not, we factor health insurance costs into your financial plan on top of your needs, wants and wishes. Long-term care costs can be a significant risk to a financial plan which will can stress-test for.

LIFE INSURANCE:

Client#1: Death Benefit: _____ Premium _____/mo *Cash Value: _____

*If no cash value, what is the term _____ Issue year _____

Client#2: Death Benefit: _____ Premium _____/mo *Cash Value: _____

*If no cash value, what is the term _____ Issue year _____

LONG-TERM CARE INSURANCE:

Client#1 Benefit Amount: _____/mo Coverage time: _____ Premium _____/mo

Client#2 Benefit Amount: _____/mo Coverage time: _____ Premium _____/mo

WHAT IF SCENARIOS:

If you could retire earlier, what would be your:

Desired Retirement Age #1 _____ Desired Retirement Age #2 _____

Would you work part-time: Yes / No Approx. Part-time Income: _____ / mo

YOUR TEAM OF PROFESSIONALS

CPA: _____ Phone# _____

Email: _____

Estate Planner : _____ Phone# _____

Email: _____

Scan your completed W.E.A.L.T.H Worksheet and send to
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A Fee-Only Registered Investment Advisory Firm

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