
Fillable Forms Requirements

This form (PDF) requires the use of Acrobat Reader to edit and save changes.

I have Acrobat Reader installed:

- Simply open the fillable form in Acrobat Reader, make your changes, save, and email back to the sender.

I don't have Acrobat Reader installed:

- Download the free version here <https://get2.adobe.com/reader/otherversions/> and follow the on-screen instructions to install the program.
- Once installed, reopen this PDF file to have it automatically open in Acrobat Reader.
- Finally, please make your changes, save, and email back to the sender.

Survivor

Instructions

Personal information: Enter your name, date of birth and the age at which you would like to retire

| | Name | Date of Birth | Retirement age |
|----------|------|---------------|----------------|
| Client 1 | | | |
| Client 2 | | | |

Are you married? _____

Dependents: Enter the information about dependents and indicate what percentage, if any, of college costs you would like to provide and how much you currently have set aside in college funds.

| Name | Date of Birth | Dependent of | | Education Funding | |
|------|---------------|--------------|----------|-------------------|------------------------|
| | | Client 1 | Client 2 | Portion to fund | Amount currently saved |
| | | | | % | |
| | | | | % | |
| | | | | % | |
| | | | | % | |
| | | | | % | |

Survivor

Education Funding: Enter the names and costs of the schools your children might attend, at what age will they start and how many years do you anticipate they will attend. If the desire is to attend a community college and then move to an undergraduate school, enter that information below.

| Name | School name | Annual Cost | Age when school begins | Years in school |
|------|-------------|-------------|------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Income Needs

Income needs change over time. Think about the monthly income that would be needed if there was a death of a spouse or parent today. Please fill in the amounts below in today's dollars.

How much income would the family need each month beginning today? \$ _____

Income needs will change once dependent children have left the home.

At what age do you think the youngest dependent child will leave the home? _____

How much monthly income would the surviving person need when the last of the dependents has left? \$ _____

What do you think the monthly income need would be once the survivor retires? _____

Income Sources

Employment income

Client 1 \$_____ Client 2 \$_____

Will you be eligible to collect social security? Client 1_____ Client 2_____

Will you be receiving any monthly income, either today or in the future, besides social security such as from rental property income, an annuity, a pension? Do not include any income from retirement plans such as 401(k), 403(b), IRA, Roth IRA, etc. Enter the amount you expect to receive in the future.

| Income Source | Who owns the account | Monthly amount to be received | Income starts at age | Income stops at age | If you become deceased, is the income available to your partner? |
|---------------|----------------------|-------------------------------|----------------------|---------------------|--|
|---------------|----------------------|-------------------------------|----------------------|---------------------|--|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Do you anticipate receiving any other money such as an inheritance or money from the sale of a business or home?

| Income Source | Who owns the account | Single amount to be received | What age do you expect to receive it | If you become deceased, is the income available to your partner? |
|---------------|----------------------|------------------------------|--------------------------------------|--|
|---------------|----------------------|------------------------------|--------------------------------------|--|

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Capital assets

If you, or your partner have any retirement plans, please enter the information below:

| Who owns the account | Current balance |
|----------------------|-----------------|
|----------------------|-----------------|

| | |
|--|--|
| | |
|--|--|

List the value of any other assets or debt

| | Current balance |
|--|-----------------|
|--|-----------------|

Other assets

| | |
|------|--|
| Cash | |
|------|--|

Mortgage

| | |
|------------|--|
| Other debt | |
|------------|--|

List the total life insurance benefits that would be available

| | Benefit Amount |
|--|----------------|
|--|----------------|

Client 1

| | |
|----------|--|
| Client 2 | |
|----------|--|

Contact Information

Address:

Phone: