Silversage® Wealth Advisors

Financial Goals Worksheet

This questionnaire helps us understand your priorities so we can create a personalized strategy to reach your short- and long-term goals.

Personal Information

About You	Client	Co-Client
Full Name		
Date of Birth		
Employment Status		
Current/ Previous Employer		
Profession		
Employment Income		
Other Income (non-investment)		
Marital Status		
Email Address		
Phone Number		

Children, Grandchildren & Other Beneficiaries

Full Name	Relationship	Date of Birth

Retirement Expectations

When you think about retirement, what do you look forward to? Which Expectations match your personal vision of retirement?

	Client	Co-Client
Not Working	☐	☐
Part-Time Work For A Few Years	☐	☐
Never Completely Retire	☐	☐
Active Lifestyle	☐	☐
Time To Travel	☐	☐
Time with Friends & Family	☐	☐
Opportunity To Help Others	☐	☐
Moving To A New Home	☐	☐
Start A Business	☐	☐
Less Stress- Piece of Mind	☐	☐
	☐	☐

Identify Retirement Concerns

When you think about retirement, What worries or concerns do you have? What is the degree of that concern (high, medium or low)?

	Client	Co-Client	Degree (High, Medium or Low)
Not Having A Paycheck Anymore	☐	☐	
Running Out of Money	☐	☐	
Suffering Investment Losses	☐	☐	
Leaving Money To Others	☐	☐	
Spending Too Much	☐	☐	
Cost of Healthcare or Long-Term Care	☐	☐	
Current or Future Health Issues	☐	☐	
Dying Early	☐	☐	
Getting Alzheimers's (or Other Illness)	☐	☐	
Going Into A Nursing Home	☐	☐	
Being Bored	☐	☐	
Parents Needing Care	☐	☐	
Family Needs Financial Help	☐	☐	
Care For Child With Special Needs	☐	☐	
	☐	☐	

Retirement

	Client	Co-Client
Ideal Retirement Age?		
Are You Willing To Retire Later?		
Do You Plan To Move To Another State During Retirement?		

Retirement: Basic Living Spending Goal

This Goal is for your basic day-to-day living expenses (e.g., food, clothes, utilities, taxes, rent, etc.) that will continue throughout your retirement in today's dollars. Liabilities (debt payments) such as your mortgage and car loan should be listed under the Liabilities section. Healthcare expenses should be listed in the Healthcare Spending Goal section below. Be sure to not double count expenses.

Basic Living Spending Goal (Annual)	$

Healthcare Spending Goal

Enter the total current healthcare costs for each person including premiums, deductibles, prescriptions, etc.

	Client	Co-Client
Healthcare Spending Amount (Annual):	$	$

Emergency Fund Savings Goal

Enter your savings goal amount and current balance of checking/ savings accounts.

Emergency Fund Savings Goal:	$	Total Current Checking/ Savings Balances:	$

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www.silversageadvisors.com

Additional Spending Goals

Please list your spending goals that are in addition to your basic living retirement expenses.

Importance	Description (Travel, College, Home Improvements, New Car, Gifts/ Donations, Wedding, New Home, etc)	Frequency	Start Date	Cost Per Year
☐ Need ☐ Want ☐ Wish		☐ One time ☐ Continue every year until end of plan ☐ Occur every ______ year(s) until ________ (Year)		$
☐ Need ☐ Want ☐ Wish		☐ One time ☐ Continue every year until end of plan ☐ Occur every ______ year(s) until ________ (Year)		$
☐ Need ☐ Want ☐ Wish		☐ One time ☐ Continue every year until end of plan ☐ Occur every ______ year(s) until ________ (Year)		$
☐ Need ☐ Want ☐ Wish		☐ One time ☐ Continue every year until end of plan ☐ Occur every ______ year(s) until ________ (Year)		$
☐ Need ☐ Want ☐ Wish		☐ One time ☐ Continue every year until end of plan ☐ Occur every ______ year(s) until ________ (Year)		$
☐ Need ☐ Want ☐ Wish		☐ One time ☐ Continue every year until end of plan ☐ Occur every ______ year(s) until ________ (Year)		$

Social Security

If available, provide your Social Security estimate from ssa.gov.

	Client	Co-Client
Are You eligible?	☐ Yes ☐ No ☐ Receiving now	☐ Yes ☐ No ☐ Receiving now
Benefit Amount (Monthly)	At Full Retirement Age (per Social Security) $____________ or amount currently being received $____________	At Full Retirement Age (per Social Security) $____________ or amount currently being received $____________

Part-Time Work & Other Retirement Income

Include income from part-time work, rental properties, annuities, royalties, alimony, etc.

Description	Owner	Monthly Income	Start Year	End Year or Number of Years	% Survivor Benefit	Check if Amount Inflates
	☐ Client ☐ Co-Client					
	☐ Client ☐ Co-Client					
	☐ Client ☐ Co-Client					
	☐ Client ☐ Co-Client					
	☐ Client ☐ Co-Client					
	☐ Client ☐ Co-Client					

Investment Assets: Client

Please enter in all investment assets held outside of Silversage.

				Approximate Allocation		
Account Type	Firm Name	Current Value	Annual Additions	Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)		$	$ or %	%	%	%
Employer Match			$ or %			
Prior Company Retirement Plan		$	$	%	%	%
Traditional IRA		$	$	%	%	%
Roth IRA		$	$	%	%	%
529 Savings Plan		$	$	%	%	%
Annuity		$	$	%	%	%
HSA		$	$	%	%	%
Individual Taxable/Brokerage		$	$	%	%	%
		$	$	%	%	%

Investment Assets: Co-Client

Please enter in all investment assets held outside of Silversage.

				Approximate Allocation		
Account Type	Firm Name	Current Value	Annual Additions	Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)		$	$ or %	%	%	%
Employer Match			$ or %			
Prior Company Retirement Plan		$	$	%	%	%
Traditional IRA		$	$	%	%	%
Roth IRA		$	$	%	%	%
529 Savings Plan		$	$	%	%	%
Annuity		$	$	%	%	%
HSA		$	$	%	%	%
Individual Taxable/Brokerage		$	$	%	%	%
		$	$	%	%	%

Investment Assets: Joint

Please enter in all investment assets held outside of Silversage.

				Approximate Allocation		
Account Type	Firm/ Bank Name	Current Value	Annual Additions	Cash	Bond	Stock
Joint/Trust Accounts		$	$	%	%	%
Joint/Trust Accounts		$	$	%	%	%
		$	$	%	%	%

Other Assets

Home(s), real estate, personal property, inheritance, etc.

Description	Owner	Current Value	Planning To Sell This Asset?	Year Sell/ Received	Amount Received (After- Tax)
Primary Home	☐ Client ☐ Co-Client ☐ Joint	$	☐ Yes ☐ No ☐ Only if Needed		$
	☐ Client ☐ Co-Client ☐ Joint	$	☐ Yes ☐ No ☐ Only if Needed		$
	☐ Client ☐ Co-Client ☐ Joint	$	☐ Yes ☐ No ☐ Only if Needed		$
	☐ Client ☐ Co-Client ☐ Joint	$	☐ Yes ☐ No ☐ Only if Needed		$
	☐ Client ☐ Co-Client ☐ Joint	$	☐ Yes ☐ No ☐ Only if Needed		$
	☐ Client ☐ Co-Client ☐ Joint	$	☐ Yes ☐ No ☐ Only if Needed		$
	☐ Client ☐ Co-Client ☐ Joint	$	☐ Yes ☐ No ☐ Only if Needed		$
	☐ Client ☐ Co-Client ☐ Joint	$	☐ Yes ☐ No ☐ Only if Needed		$

Liabilities

Home(s), car loans, credit cards, student loans, etc.

Description	Responsible Party	Current Balance	Monthly Payment (Principal & Interest)	Payoff Date	Interest Rate
Primary Home	☐ Client ☐ Co-Client ☐ Joint	$	$		%
	☐ Client ☐ Co-Client ☐ Joint	$	$		%
	☐ Client ☐ Co-Client ☐ Joint	$	$		%
	☐ Client ☐ Co-Client ☐ Joint	$	$		%
	☐ Client ☐ Co-Client ☐ Joint	$	$		%
	☐ Client ☐ Co-Client ☐ Joint	$	$		%
	☐ Client ☐ Co-Client ☐ Joint	$	$		%

Executive Benefits

Description	Owner	Notes
Stock Options	☐ Client ☐ Co-Client ☐ Joint	
Restricted Stock	☐ Client ☐ Co-Client ☐ Joint	
Deferred Compensation	☐ Client ☐ Co-Client ☐ Joint	
Small Business Ownership	☐ Client ☐ Co-Client ☐ Joint	

Insurance

Description	Owner	Benefit / Coverage Amount	Notes (Limits, Cash Value, Type, Etc)
Group/Term Life Insurance	☐ Client ☐ Co-Client ☐ Joint		
Permanent Life Insurance	☐ Client ☐ Co-Client ☐ Joint		
Disability Insurance	☐ Client ☐ Co-Client ☐ Joint		
Long-Term Care Insurance	☐ Client ☐ Co-Client ☐ Joint		
Property & Casualty Insurance- Home	☐ Client ☐ Co-Client ☐ Joint		
Property & Casualty Insurance- Vehicle(s)	☐ Client ☐ Co-Client ☐ Joint		

Comments/Questions