

Pre-Discovery Intake Form

Personal Information

	Client (C)				Co-Client (Co)			
Name								
Date of Birth	/	/	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	/	/	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Employment Income	\$ (if applicable)				\$ (if applicable)			
Marital Status					State of Residence			

Children and Grandchildren (or any other participant included in this plan)

Name	Date of Birth	Age:	Relationship
/	/		

Retirement Age and Living Expense

At what age would you like to retire? (if applicable)	Client (e.g., age 65)	Co-Client (e.g., age 65, together)	If not provided, your living expenses will be estimated (approximately 60% - 70% of total employment income) and two goals will be created: Basic Living Expense (need) and Extra Living Expense (want).
Enter two amounts:			After-Tax Amount
Need: day-to-day living expenses (e.g., food, clothes, utilities, etc.)			\$
Want: discretionary expenses (e.g., travel, gifts, etc.)			\$

Social Security Benefits

	Client			Co-Client		
Are you eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Receiving Now	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Receiving Now
Amount of benefit	\$ <input type="checkbox"/> Use Program Estimate			\$ <input type="checkbox"/> Use Program Estimate		
When to start (if applicable)	<input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at retirement <input type="checkbox"/> at age _____			<input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at retirement <input type="checkbox"/> at age _____		

Retirement Income (pension, part-time work, rental property, annuities, royalties, alimony)

Description	Owner		Monthly Amount	Starts	Ends	Inflates?	% Survivor (Pension Only)
	C	Co					
	<input type="checkbox"/>	<input type="checkbox"/>	\$			<input type="checkbox"/>	%
	<input type="checkbox"/>	<input type="checkbox"/>	\$			<input type="checkbox"/>	%

Investment Assets

Estimate of overall allocation: Cash _____% Bond _____% Stock _____%

Description	Client		Co-Client		
	Value	Annual Additions	Value	Annual Additions	
Total Employer Retirement Plan	\$	\$	\$	\$	
Assets: 401(k), 403(b) or Other. Your Contribution: _____% Company Match: _____% of first _____%					
Total Traditional IRA	\$	\$	\$	\$	
Total Roth IRA	\$	\$	\$	\$	
Total Tax-Deferred	\$	\$	\$	\$	
Joint Assets	Value	Annual Additions	Joint Assets	Value	Annual Additions
Total Taxable	\$	\$	Total Tax-Free	\$	\$

Risk Score

How much risk are you comfortable with? [Take your complimentary risk analysis here](#) or visit www.KaydanWealth.com to learn more.

Internal Use Only:

Risk Assessment Complete?

Completion Date _____