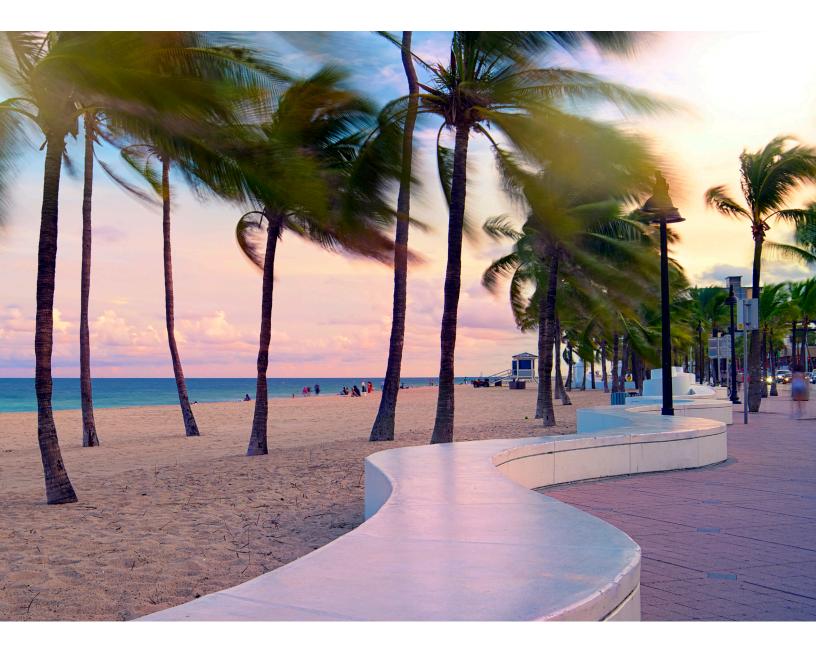
Your Retirement



Centric Wealth Management

Focused on YOU.



Personal Information

	Client (C)				С	o-Client (C	Co)		
Name									
Date of Birth		/	/	Gender	ΟΜΟF	/	/	Gender	OM OF
Employment Income	\$			or 🗆 Re	etired	\$		or 🗆 Re	tired
Marital Status					State of Resid	lence			

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

Name	Date of Birth			Relationship
	/	/	age:	
	/	/	age:	

Expectations & Concerns - What do you most look forward to? What concerns you? Select what applies to you.

	At Retirement		nent	Detinement Concerns		Retire	ment	Degree
Retirement Expectations	С	Со	Both	Retirement Concerns		Co	Both	High/Med/Low
Active Lifestyle				Money Concerns				
Quiet Lifestyle				Not having a paycheck				
Opportunity to Help Others				Running out of money				
Moving to a New Home				Suffering investment losses				
Work by Choice				Leaving money to others				
Time to Travel				Health Concerns				
Start a Business				Cost of health care or long-term care				
Time with Friends & Family				Current or future health issues				
Less Stress - Peace of Mind				Dying early				
				Living too long				
				Getting ill				
				Personal & Family Concerns				
				Being bored				
				Parents needing care				
				Something Else/Other Concerns				

Top Five Concerns in Retirement: 1. Running out Money. 2. Cost of health care or long-term care. 3. Suffering investment losses. 4. Current or future health issues. 5. Not having a paycheck anymore.

Retirement Age and Living Expense

When would you like to retire? Enter your Target Retirement Age. Then, indicate how willing you are to delay retirement beyond that age, if it helps you fund your Goals. Then, indicate your living expense amount.

At what age would	Client (e.g., age 65)	Co-Client (e.g., age 65, together)	Use My Estimate \$
you like to retire?			Use Program Estimate*
How willing are you to retire later?	Not at AllSomewhatVery	Not at AllSlightlySomewhatVery	

Lifestyle Goals

Lifestyle Goals are above and beyond what you need to pay for basic expenses. Rate the importance of each Goal on a scale of $10 \leftrightarrow 1$. Needs (10, 9, 8), Wants (7, 6, 5, 4), and Wishes (3, 2, 1).

Most	Common Goals		Other Goals	
Travel	College	Wedding	New Home	Celebration
Car	Home Improvement	Major Purchase	Start Business	Provide Care
Health Care	Gift or Donation	Leave Bequest	Private School	Other

Importance	Importance		Sta	rt				
High Low	Description	Veer	At F	Retiren	nent	Target Amount	How Often	How Many Times
10 ↔ 1		Year	С	Со	Both	Amount		Times
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		

Social Security Benefits

		Client			Co-Client
Are you eligible?	🗆 Yes 🗆 No	□ Receiving Now	🗆 Yes 🗆 No		□ Receiving Now
Amount of benefit	\$	\$ 🛛 Use Program Estimate \$			🗆 Use Program Estimate
Amount of benefit	Primary Insura	nce Amount (PIA) \$	□ Primary	/ Insur	ance Amount (PIA) \$
When to start	🗆 at Full Retirem] at Full Retirement Age (per Social Security)		Retirer	nent Age (per Social Security)
when to start	🗆 at age				at retirement

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

Description	Ow	ner	Monthly	Charles	Finda	Inflatos2	% Survivor
Description	С	Co	Amount	Starts	Ends	Inflates?	(Pension Only)
			\$				%
			\$				%

Investment Assets

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

Description		Cli	ent	Co-C	Client	
Description		Value	Annual Additions	Value	Annual Additions	
Total Employer Retire	ement Plan	\$	\$	\$	\$	
Description		Cli	ent	Co-Client		
Description		Value	Annual Additions	Value	Annual Additions	
Total Traditional IRA		\$	\$	\$	\$	
Total Roth IRA		\$	\$	\$	\$	
Total Tax-Deferred		\$	\$	\$	\$	
Joint Assets	Joint Assets	Annual Additions	Joint Assets	Value	Annual Additions	
Total Taxable	\$	\$	Total Tax-Free	\$	\$	

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Extra Savings

Enter the maximum extra (additional)	¢	How willing are you to	Comowhat	□ Slightly
amount you could save each year:	Φ	save more?	L Somewhat	🗆 Very

Life Insurance - have your insurance reviewed and analyzed to see if you have enough coverage.

	Client	Co-Client	Notes (e.g., premiums, beneficiaries)
Group/Term Life Insurance	🗆 Yes 🗆 No	□ Yes □ No	
Death Benefit	\$	\$	
Cash Life Insurance	🗆 Yes 🗆 No	□ Yes □ No	
Death Benefit	\$	\$	
Cash Value	\$	\$	

Risk Score

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Household	Client	Co-Client

Two thirds of all investors score between 40 and 60, and only 1 in 1000		Household			Men			Women		
select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?		> 64	50-64	< 50	> 64	50-64	< 50	> 64	50-64	< 50
	Avg Score	47	50	54	50	54	59	45	48	52

Notes





Andy Williams

Investment Manger/CEO Centric Wealth Management, LLC. 2035 E. Iron Suite109 Salina, KS 67401 785.376.0711 andywilliams@centricadvice.com

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