RESET

Securities America

Pre-Retirement & Retirement Age Clients Questionnaire

Date of meeting: ____ ____ ____

Client Name(s) and Account Number: ____

Summary of questions discussed during meeting:

1. When is your expected retirement date?

   Summary of discussion:

   ____

   ____

2. What will your source of income be at retirement?

   Summary of discussion:

   ____

   ____

3. Do you plan to continue working during your retirement years? If so, how much income do you expect to generate and for how many years?

   Summary of discussion:

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4. Will you receive a pension? If so, how much and when will you start receiving pension payments? How long will you receive pension payments?

   Summary of discussion:

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5. What are your retirement savings?

   Summary of discussion:

6. When do you expect to begin collecting social security?

   Summary of discussion:

7. Do you currently have any health concerns?

   Summary of discussion:

8. What are your other assets?

   Summary of discussion:

9. Do you expect your income to decrease within the next five (5) years? If so, how much?

   Summary of discussion:

10. How much income will you require at retirement to live the lifestyle you plan on living?

Summary of discussion:

11. Do you need to pay for health insurance until you are eligible for Medicare?

Summary of discussion:

12. What are your current expenses? What will your expenses be during retirement?

Summary of discussion:

13. Do you understand the impact of inflation on your future earnings, savings, and investments?

Summary of discussion:

By signing below, I certify that the above questions were discussed with me during my appointment and that the answers that were given are accurate to the best of my knowledge.

X____ ____/____/________
Client Signature Date

X____ ____/____/________
Client Signature Date

X____ ____/____/________
Registered Representative Signature Date