Physicians Private Client Group

"The Wealth Advisors for Physicians and Dentists"

2022

Retire Now

simple solutions for retirement

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"Securities, Insurance and Advisory Services offered through FSC Securities Corporation, Member FINRA/SIPC and A Registered Investment Advisor. Physicians Private Client Group (PPCG) was formed to better serve the Retirement, Investment, Insurance and Financial Planning needs of Physicians, Dentists, Medical Practices, Professionals, Hospitals and Accredited Investors. PPCG is not affiliated with FSC Securities Corporation nor is it registered as a Broker/Dealer or Investment Advisor."

Your “Retire Now” plan can help you find answers, solutions, strategies, and address the major key concerns that you and most retirees will face now and throughout your retirement:

1) Have I accumulated enough for retirement?
2) Are my assets best positioned to provide me sufficient income to last throughout my lifetime and withstand Market Volatility, Black Swan events and Sequence of Return Risks?
3) What are my optimal Social Security Claiming Strategies?
4) Is my portfolio allocated tax efficiently to help reduce taxes, maximize social security benefits, and reduce Medicare premiums?
5) What are my potential Healthcare costs in retirement?
6) Have I prepared sufficiently for eventual Long-term care?
7) How can I safeguard my assets in the event of a major healthcare crisis?

In addition to finding answers to the above questions and concerns, your “Retire Now” Plan will help you determine the optimal time for you to retire. The report will also address how to best position your assets so you can receive guaranteed income for life that you cannot outlive. Regardless of how long you live, whether the financial markets experience a long-term downturn, Black Swan event, or Sequencing of Return Risks, you can gain the peace of mind knowing that you can rely on a steady check each month.

Your “Retire Now” plan consists of the following components:

1) Your Short-term, Intermediate and Long-term Goals, Objectives, and Major Concerns which we Identify, Quantify, Qualify, and Prioritize.
2) Balance Sheet, Income Statement, Cash Flow Projections and Detailed Expense Worksheet.
3) Social Security Optimal Claiming Strategy Report – will provide you with your corresponding break-even projections taking into account inflation, projected growth rates, and SSI increases. Depending on your marital status, contribution history and other factors, you will gain insight to your Social Security Claiming options.
4) “Retire Now What-if Scenarios”– will help you determine when you are in the best position to retire and help you fill the gaps in your guaranteed sources of retirement income. You will see areas of potential areas for concern and helps you formulate strategies to fill the gaps so you will be comfortable knowing where you stand each and every year throughout your retirement.
5) Personal Pension Plan Projections and Scenarios – Illustrating Guaranteed Sources of Taxable and Tax-free Income for Life Solutions and Strategies.
6) Optional Morningstar Portfolio Comparison Report -Obtain an insightful X-ray of your accounts, portfolios, and investments to assess your Asset Allocation, Risks, Returns, Fees and Costs over 1, 3, 5, and 10 years. We will review over 1,000 data points and summarize the key performance and risk metrics that are benchmarked to their representative indexes.
7) Optional Estimated Healthcare Costs in Retirement, Long-term care options & Corresponding Workbook – Everyone has a long-term care plan whether you know it or not. Through this exercise and workbook, you can learn more about the type of care you or your loved ones may need, what type of care they may need, where they prefer to receive their care, how much corresponding care costs and how to best fund those costs.

We look forward to working with you to provide meaningful solutions and strategies to help you achieve your retirement and investment goals.

Date Completed: ___________

Retire Now Strategy Analysis

COMPLETE THIS FORM AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT

1. Please Print and if you are not sure about a question, please leave it blank.
2. Please use approximate values – round to the nearest thousand.
3. Please return this form with last year's tax return.

Client Information:

Name:______________________________Date of Birth:__________________

NickName:_______________________Social Security Number:__________________

Mailing Address: ____

City: __________________________ State: ____________Zip:________________

Home Phone: (___)_______________Business Phone: (_____)____________ x_____

Occupation:___________________________Employer:__________________________

Spouse Information:

Name:_______________________ Date of Birth:_________________

Nickname:____________________ Social Security Number:______________________

Occupation:_________________________Employer:____________________________

Amounts in Banks, Savings &Loans, and Credit Unions (NON-IRA)

Name of Bank	Type of Account	Maturity Date	Interest Rate	Approximate Balance

At Physicians Private Client Group, we take the issue of privacy very seriously, we want to assure you that we protect your security, privacy, and confidentiality regarding any information that you share with us.

IRA accounts and Other Retirement Accounts

(Please bring in most recent statement/report)

Location of Account (Bank, Broker, Employer)	Type of Account (401(k), 403(b), IRA, etc)	Approximate Market Value	Account Holder

When do you plan to retire? ___________________________________

Stock and Bond Certificates

(Please bring in most recent statement/report)

Name of Stock/Bond	Number of Shares	Approximate Market Value	Account Holder

Mutual Fund and/or Brokerage Accounts

(Please bring in most recent statement/report)

Name of Brokerage Firm or Mutual Fund	Approximate Market Value	Account Holder

Real Estate and Residence

Property Address	Original Cost	Approximate Market Value	Debt Owed

Family Business / Partnerships

Name of Partnership	Type of Investment	Amount Invested	Market Value

Long Term Care

Insured	Monthly Benefit/ Premium Amount

Life Insurance

(Please bring in policies and latest statements)

Name of Company	Insured	Type of Insurance	Cash Value	Death Benefit

Pensions or Other Streams of Income

(Including: social security, current employment, rentals, etc.)

Source	Account Holder	Monthly Amount	Survivorship %

(Please bring in policies and latest statements)

Children

Name	Sex	Date of Birth	Filed as Dependant	Funds Needed for College
			No	
			No	
			No	

Other Assets

Approximate value of Person Property (Household goods, Jewelry, Cars, Etc): $______________

Family Business (Provide name, value, and how held. Is it a Corporation?):

____

____

Other Assets:

____

____

What are your Primary Financial Concerns?

- ☐ **Stable Income Throughout Retirement**
- ☐ **Longevity/Living Too Long**
- ☐ **Health Issues**
- ☐ **Survivor Benefits**
- ☐ **Long-term Care/Prolonged Illness**
- ☐ **Parents/Children**
- ☐ **Running Out of Money**
- ☐ **Stock Market Volatility**
- ☐ **Other**

Approximate Monthly Expenses (see worksheet)?

____

Appointment Checklist:

(Make sure you have the following items for your financial evaluation)

☐ **Annuity Statements** ☐ **Brokerage Statements** ☐**Mutual Fund Statements** ☐**Social Security Statement**
☐ **Retirement Account Statements** ☐**Life Insurance Policies and Statements** ☐**Last Year's Tax Return**

Please take a few moments to complete your "Retire Now" Discovery Questionnaire. Return your completed Questionnaire to us along with copies of your most recent statements (Annuity, Brokerage, Mutual Funds, Social Security, Retirement Accounts, Life Policies, Tax Return) as listed above.

Upon receipt of your information, we will review everything in detail and get back to you to clarify specifics. We will input your information into various proprietary programs to run detailed analysis and generate customized reports to help address your major concerns. We will schedule a follow time to go over your results with you and discuss appropriate changes you can make to better position your assets for a safe and enjoyable retirement. Do not hesitate to contact us with any questions.

Retire Now - Living Expense Worksheet

Base Facts

Prepared for

The living expense worksheet lists the detailed breakdown of living expenses.

Description	Type	Current Value	Semi-Retirement Value	Retirement Value
A1_Taxes_Federal Income	Other Taxes Paid			
A2_Taxes_State Income	Other Taxes Paid			
A3_Taxes_Local	Other Taxes Paid			
A4_Taxes_Social Security	Other Taxes Paid			
A5_Taxes_Medicare	Other Taxes Paid			
A6_Taxes_Other	Other Taxes Paid			
B1_Property Taxes_Primary Residence	Property Taxes			
B2_Property Taxes_Vacation Home	Property Taxes			
B3_Property Taxes_Other Real Estate	Property Taxes			
B4_Property Taxes_	Property Taxes			
B5_Property Taxes	Property Taxes			
C1_Debt Payment_Primary Residence	Mortgage Principal			
C2_Debt Payment_Vacation Home	Mortgage Principal			
C3_Debt Payment_Other Real Estate	Mortgage Principal			
C4_Debt Payment_Auto 1	Basic Expenses			
C5_Debt Payment_Auto 2	Basic Expenses			
C6_Debt Payment_Auto3	Basic Expenses			
C7_Debt Payment_Student Loan	Basic Expenses			
C8_Debt Payment_Student Loan2	Basic Expenses			
C9_Debt Payment_Student Loan3	Basic Expenses			
C10_Debt Payment_Home Equity Loan	Basic Expenses			
C11_Debt Payment_Credit Card	Basic Expenses			
C12_Debt Payment_Credit Card2	Basic Expenses			
C13_Debt Payment_Credit Card3	Basic Expenses			
C14_Debt Payment_Credit Card4	Basic Expenses			
C15_Debt Payment_Other	Basic Expenses			
D1_Insurance_Health	Medical Insurance Premium			
D2_Insurance_Dental	Medical Insurance Premium			
D3_Insurance_EyeCare	Basic Expenses			
D4_Insurance_Life	Basic Expenses			
D5_Insurance_Disability	Basic Expenses			
D6_Insurance_Auto	Basic Expenses			
D7_Insurance_Home_Primary Residence	Basic Expenses			
D8_Insurance_Home_Vacation Property	Basic Expenses			
D9_Insurance_Home_Investment Property	Basic Expenses			

This analysis must be reviewed in conjunction with the limitations and conditions disclosed in the Disclaimer page. Projections are based on assumptions provided by the advisor/representative, and are not guaranteed. Actual results will vary, perhaps to a significant degree. The projected reports are hypothetical in nature and for illustrative purposes only. Return assumptions do not reflect the deduction of any commissions. They will reflect any fees or product charges when entered by the advisor/ representative. Deduction of such charges would result in a lower rate of return. Consult your legal and/or tax advisor before implementing any tax or legal strategies.

D10_Insurance_Medicare Part A($0 to 407)	Basic Expenses
D11_Insurance_Medicare Part B (max335.7)	Basic Expenses
D12_Insurance_Medicare Part C_Advantage Priv Ins(Alt to A&B)	Basic Expenses
D13_Insurance_Medicare Supplemental	Basic Expenses
D14_Insurance_Medicare_Prescriptions	Basic Expenses
D15_Insurance_Medicare_Other	Basic Expenses
D16_Insurance_Long-term Care	Basic Expenses
D17_Insurance_Other	Basic Expenses
D18_Insurance_Other	Basic Expenses
E1_Utility_Electric	Basic Expenses
E2_Utility_Gas	Basic Expenses
E3_Utility_Water/Sewer	Basic Expenses
E4_Utility_Cable/Internet/Wifi	Basic Expenses
E5_Utility_Telephone/Wireless	Basic Expenses
E6_Utility_Trash/Recycle	Basic Expenses
E7_Utility_Assoc Dues	Basic Expenses
E8_Utility_Misc/Other	Basic Expenses
E9_Utilities_Vacation Property	Basic Expenses
E10_Utilities_Investment Property	Basic Expenses
F1_Food/Groceries	Basic Expenses
F2_Food_Dining Out	Basic Expenses
F3_Food_Fast Meals/Coffee/Lunch, etc	Basic Expenses
G1_Gifts_Family Birthdays, Weddings, Annivetc.	Basic Expenses
G2_Gifts_Holidays, Xmas,	Basic Expenses
G3_Gifts_Charities	Basic Expenses
G4_Gifts_Other	Basic Expenses
H1_Home Furnishings	Basic Expenses
H2_Home Improvements	Basic Expenses
H3_Home Repairs	Basic Expenses
H4_Home Maintenance_	Basic Expenses
H5_Home Security	Basic Expenses
H6_Home_Landscaping/Snow Removal	Basic Expenses
H7_Home_Other	Basic Expenses
i1_Personal Care_Gym, Fitness, Trainer, Tanning,	Basic Expenses
i2_Personal Care_Barber/Hair Salon/Nails	Basic Expenses
i3_Personal Care_Clothing/Fashion/Style	Basic Expenses
i4_Personal Care_Dry Cleaning/Shoe Shine	Basic Expenses
i5_Personal Care_Spa/Yoga/Massage	Basic Expenses
i6_Personal Care_Other	Basic Expenses
J1_Job Related_Commute(train, uber, etc)	Basic Expenses
J2_Job Related_	Basic Expenses
K1_Auto_Fuel	Basic Expenses
K2_Auto_Repairs	Basic Expenses
K3_Auto_Tolls	Basic Expenses

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K4_Auto Maintenance_Oil Change, Car Wash, etc	Basic Expenses
K5_Auto Lease	Basic Expenses
K6_Auto License, Registration, Inspection	Basic Expenses
K7_Auto_Parking, tickets, fines	Basic Expenses
L1_Leisure_Travel	Basic Expenses
L2_Leisure_Vacations	Basic Expenses
L3_Leisure_Sports/Entertainment/Concerts	Basic Expenses
L4_Leisure_Country Clubs/Memberships	Basic Expenses
L5_Leisure_Hobbies	Basic Expenses
L6_Leisure_Other	Basic Expenses
M1_Medical_Doctors/Co Pays/Deductibles	Basic Expenses
M2_Dentists	Basic Expenses
M3_Eyecare	Basic Expenses
M4_Hospital/Surgery	Basic Expenses
M5_Prescriptions	Basic Expenses
M6_Medical_Other	Basic Expenses
N1_Children's Activities	Basic Expenses
N2_Children's_Childcare	Basic Expenses
N3_Children's_Schooling	Basic Expenses
N4_Children's_Sports	Basic Expenses
N5_Children's Other	Basic Expenses
N6_Child Support	Basic Expenses
O1_Other Expenses	Basic Expenses
O2_Other Expenses2	Basic Expenses
P1_Professional_Licenses/Registrations	Basic Expenses
P2_Professional Subscriptions	Basic Expenses
P3_Professional E&O	Basic Expenses
P4_Professional_CPA/Attorney/Advisor	Basic Expenses
P5_Professional_Other	Basic Expenses
Q1_Pet Care_Food	Basic Expenses
Q2_Pet Care_Groomer	Basic Expenses
Q3_Pet Care_Vet - checkup, shots,	Basic Expenses
Q4_Pet Care_Kennel Stays	Basic Expenses
R1_Restitution_Alimony	Alimony (Deductible)
R2_Restitution_Alimony	Alimony (Non-Deductible)
R3_Restitution_Other	Basic Expenses
S1_Subscriptions/Apps_	Basic Expenses
S2_Subscriptions_Other	Basic Expenses
Totals:	

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