



*Your North Atlanta Money Concepts  
Financial Planning Center*



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HELPING YOU MAXIMIZE YOUR POTENTIAL

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## RETIREMENT PLAN ROLLOVER KIT



*Personalized Financial Planning Solutions to Guide Your Financial Journey*

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# RETIREMENT PLAN ROLLOVER KIT

This kit contains a list of items that you should have available at when we meet and an information questionnaire. Reviewing this information, filling out what you can, and bringing it with you will assist in making our meeting time as effective as possible.

## **Data Gathering Checklist**

- Personal Identification (*ex. Drivers License, Passport, State Issued ID, etc.*)
- Information on any Beneficiaries for Rollover Plan
- Most Recent Retirement Plan Statement
- Direct Rollover Form (*if required by Employer/Plan Provider - Supply Contact Information*)
- Employer Information
- Retirement Plan Information
  - Retirement Plan Contact Information (*from Employer or Plan Administrator*)
  - Plan Fee Disclosure Document

## INFORMATION QUESTIONNAIRE

### **Personal Information**

Name			
Address			
Phone(s)/Type(s)		E-mail	
Date of Birth		Social Security Number	
Identification Type	ID Number	State of Issue	Expiration Date
Your Maiden Name (if applicable)		Your Mother's Maiden Name	
Current Employer Name, Position, Years with Employer			
Address			
Phone / Fax / E-Mail			

### **Beneficiary Information**

Primary Beneficiary Name #1		Share Pct.	Other Beneficiary Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Share Pct.
Date of Birth	Social Security Number		Date of Birth	Social Security Number	
Address			Address		
Other Beneficiary Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Share Pct.	Other Beneficiary Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Share Pct.
Date of Birth	Social Security Number		Date of Birth	Social Security Number	
Address			Address		

\*\*\* All information is personal and confidential \*\*\*

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## Financial & Investment Profile Information

Estimated Annual Income: \_\_\_\_\_

Estimated Liquid Net Worth: \_\_\_\_\_ (Total of Savings & Investments w/o Surrender Charges)

Estimated Net Worth: \_\_\_\_\_ (Total of All Savings & Investments + Real Estate excl. Home)

### Tax Filing Status:

Married-Joint     Married-Separate     Head of Household     Single

### Federal Tax Bracket/Marginal Tax Rates:

10% or below     15%     25%     28%     33%     35%     Other \_\_\_\_\_%

Yrs. of Inv. Experience     Proportion of Inv. Portfolio     Less than 1/3     1/3 to 2/3     More than 2/3

Liquidity Needs     Very Important     Important     Somewhat Important

Investment Objective     Preservation     Income     Aggressive Income     Growth     Speculation

### Current Assets

Bank Accts.	Ret. Savings	Home Value	Oth. Real Estate	Life Ins. CV	Other

### Current Monthly Expenses

Home Mortgage	Auto Loan	CC Debt	Household Exp.	Insurance	Other

## Existing Retirement Plan Information

Plan Provider Name \_\_\_\_\_ Acct #/Plan ID \_\_\_\_\_

Employer Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Year You Started Investing in the Plan \_\_\_\_\_

### Retirement Plan Type

401(k)     403(b)/TSA     457 Plan     Pension Plan     Profit Sharing Plan  
 Individual 401(k)     SIMPLE     SEP

### Employer Stock Held in the Plan

Under \$75,000     \$75,000-\$250,000     \$250,001-\$500,000     Over \$500,000

What is the cost basis of the stock in the plan? \_\_\_\_\_ (Request from Employer)

## INVESTMENT RISK PROFILE QUESTIONNAIRE

*The following questions will assess your investment risk profile. Unless a specific investment objective is noted, consider the questions in reference to your long-term investment objectives. Please check the appropriate response for each question and sign at the end of the profile for documentation purposes.*

### Time Horizon

1. What is your current age?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Less than 45 | <input type="checkbox"/> 66 to 75      |
| <input type="checkbox"/> 45 to 55     | <input type="checkbox"/> Older than 75 |
| <input type="checkbox"/> 56 to 65     |  |

\*\*\* All information is personal and confidential \*\*\*

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2. When do you expect to start drawing income?

- Not for at least 20 years
- In 10 to 20 years
- In 5 to 10 years
- Not now, but within 5 years
- Immediately

**Long-Term Goals and Expectations** - Your views of how an investment should perform over the long term.

3. What is your goal for your long-term investments?

- To grow aggressively
- To grow significantly
- To grow moderately
- To grow with caution
- To avoid losing money

4. Assuming normal market conditions, what would you expect from this investment over time?

- To generally keep pace with the stock market
- To slightly trail the stock market, but make a good profit
- To trail the stock market, but make a moderate profit
- To have some stability, but make modest profits
- To have a high degree of stability, but make small profits

5. Suppose the stock market performs unusually poorly over the next decade. What would you expect from your investments?

- To lose money
- To make very little or nothing
- To eke out a little gain
- To make a modest gain
- To be little affected by what happens in the stock market

**Short-Term Risk Attitudes** - Your attitude toward short-term volatility.

6. Which of these statements would best describe your attitudes about the next three years performance of this investment?

- I don't mind if I lose money
- I can tolerate a loss
- I can tolerate a small loss
- I'd have a hard time tolerating any losses
- I need to see at least a little return

7. Which of these statements would best describe your attitudes about the next three months performance of this investment?

- Who cares? One calendar quarter means nothing
- I wouldn't worry about losses in that time frame
- If I suffered a loss of greater than 10%, I'd get concerned
- I can only tolerate small short-term losses
- I'd have a hard time stomaching any losses

Signature \_\_\_\_\_

Date \_\_\_\_\_

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