

Stretch IRA Calculator

Use this form to collect the information needed to input into the calculator.

CLIENT INFORMATION

_____	____/____/____	SMOKER	NON-SMOKER	(U.S. CITIZEN)	
CLIENT(S) NAME	DATE OF BIRTH	<input type="radio"/>	<input type="radio"/>	YES	NO
_____	____/____/____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLIENT(S) NAME	DATE OF BIRTH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	____/____/____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLIENT(S) NAME	DATE OF BIRTH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____ ADDRESS					
_____ BUSINESS ADDRESS					
_____ ANY OTHER RESIDENCE					

FINANCIAL INFORMATION

INCOME TAX RATE _____% CURRENT NET WORTH \$ _____ IRA GROWTH RATE _____%

ESTATE GROWTH RATE _____% TRUST TAX RATE _____%

BENEFICIARY INFORMATION

_____/____/____
CLIENT(S) NAME DATE OF BIRTH

_____/____/____
CLIENT(S) NAME DATE OF BIRTH

_____/____/____
CLIENT(S) NAME DATE OF BIRTH

QUALIFIED PLAN INFORMATION

PLAN NAME

CURRENT BALANCE \$ AS OF (MM/DD/YY)

_____%
INTEREST RATE % CHANGED TO _____% IN YEAR

PRODUCER INFORMATION

NAME

FIRM

ADDRESS

FAX _____
EMAIL

For further assistance contact the Sun Life Financial Sales Desk at 800-786-5433, ext. 7253.

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