

**AVETRUST ADVISORS LLC  
BUYOUT / RETIREMENT ESTIMATE DATA FORM -- REVISION 08/14/08**

*(Please Print)*

Today's Date:		Primary Concern:							
<b>PRIMARY INFORMATION</b>									
Last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status: Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/>	
Receiving a buyout offer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when do you expect it?		Proposed/Actual final retirement date?		Birth date:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home street address:					P.O. Box:		Phone (Home): (    ) Phone (Cell): (    )		
Home City:		State:		ZIP Code:		Email address:			
Occupation:		Current or Recent Employer:					Years Employed by Employer:		
Recent Base Pay:	Recent Overtime:	Other Savings Per Year:		Annual 401K/403B Contributions:		Company Match Amount:			
Pension Amount:	Date Beginning:	Pension Amount Becomes:		Date Changes Begin:		Any Lump Sum Amount/Date:			
Social Security Amount at Age:		Personal IRA Total:		401K/403B Savings Total:		Current Other Investments Total:			
Describe any retirement health or insurance benefits your retiring employer will provide and when they continue until:									
Describe all other income, expected receipt dates and amounts: (Include annual military benefit amounts, etc.)									
<b>SPOUSE INFORMATION</b>									
Spouse name & last name:				Address (if different):			Phone (Home): (    ) Phone (Cell): (    )		
Email address:							Years Married:		
Occupation:		Current or Recent Employer:					Years Employed by Employer:		
Receiving a buyout offer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when do you expect it?		Proposed/Actual final retirement date?		Birth date:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Recent Base Pay:	Recent Overtime:	Other Savings Per Year:		Annual 401K/403B Contributions:		Company Match Amount:			
Pension Amount:	Date Beginning:	Pension Amount Becomes:		Date Changes Begin:		Any Lump Sum Amount/Date:			
Social Security Amount at Age:		Personal IRA Total:		401K/403B Savings Total:		Current Other Investments Total:			
Describe any retirement health or insurance benefits your retiring employer will provide and when they continue until:									
Describe all other income, expected receipt dates and amounts: (Include annual military benefit amounts, etc.)									

### OTHER DEPENDENT CARE

Other family members & ages that you provide care for now or expect to in future:

Do you still have college or medical bills to pay for others? If yes, provide when will they be paid off and what are the payment amounts:

### OTHER ASSET INFORMATION

Mortgage:	Home Equity:	Mortgage Payoff Date:	Other Real Estate Asset Value:	Other Real Estate Loan Amount:

Do you plan to sell any real estate to help fund your retirement? If yes, describe:

Describe any other personal investments and both annual & total amounts:

Describe any other debts, when they will be paid off and amounts:

### OTHER RETIREMENT INFORMATION

Describe your ideal retirement life:

Describe anticipated retirement activity or large purchases for first 5 years:

Age of Retiree's Father Now / Death:	Age of Retiree's Mother Now / Death:	Age of Spouse's Father Now / Death:	Age of Spouse's Mother Now / Death:

Describe any major medical conditions you have or expect:

Describe any questions or concerns you have about planning your retirement:

### BUYOUT OFFER INFORMATION

Payment Option #1:	Payment Option #2:	Payment Option #3:	Selection Deadline (Date)	Your Option Preference?

Describe any questions or concerns you have about your buyout offer:

**Fax all information to 248-553-3426, attention Ms. Adolph, or scan and email to [eudora@avertrust.com](mailto:eudora@avertrust.com).**

**Please enclose a copy of your buyout offer if you have received it, and copies of any other pay or investment statements you would like us to consider in our analysis for your retirement preparation estimate.**

*The above information is true to the best of my knowledge. I authorize a calculation estimating my retirement preparation and, if applicable, the impact my buyout or pension offer will have on my current retirement savings. I understand that this estimation is only an approximation based on my provided information. It is my responsibility to consult with all appropriate advisors and take appropriate steps to ensure that my retirement planning meets my goals and requirements.*

*I authorize AverTrust Advisors LLC to contact me with any questions to prepare my estimate and to schedule an appointment to discuss the results. My information provided here will be kept completely confidential and not shared with anyone. I also understand I am in no way obligated to use the services of AverTrust Advisors LLC by providing my information or meeting to discuss my estimate, and that this estimate is being provided as a retirement and buyout education service.*

Preferred Contact Method: \_\_\_\_\_ Preferred Day/Time to Discuss Estimate: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_