

WORKSHOP EVALUATION FORM

Date: _____ Phone Number: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Marital Status: Married Single Divorced Widowed

Spouse: _____ Date of Birth: _____ Age: _____

I am interested in a complimentary personal review regarding:

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Required Minimum Distributions | <input type="checkbox"/> Protecting my principal |
| <input type="checkbox"/> Maximizing my qualified income | <input type="checkbox"/> Stretch IRAs |
| <input type="checkbox"/> Roth conversions | <input type="checkbox"/> Beneficiary Review |
| <input type="checkbox"/> Stable income during retirement | <input type="checkbox"/> Reducing tax liability |
| <input type="checkbox"/> Pension Review | <input type="checkbox"/> Estate plan review |

What 3 things did you like about this presentation: _____

What suggestions could you provide to improve this presentation? _____

I would like to schedule a visit to discuss my options. The best day/time for me is:

Monday

Tuesday

Wednesday

Thursday

Friday

_____ a.m.

_____ p.m.