



# Your Retirement Analysis Workbook

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# Getting Started

## Personal Information



	Client (C)		Co-Client (Co)	
<b>Name</b>				
<b>Gender</b>	Male	Female	Male	Female
<b>Date of Birth</b>	/	/	/	/
<b>Phone Number</b>				
<b>Email Address</b>				
<b>Employment Status</b>	Employed Business Owner	Retired Homemaker	Employed Business Owner	Retired Homemaker
<b>Employment Income</b>	\$		\$	
<b>Other Income (non-investment only)</b>	\$		\$	
<b>Marital Status</b>			<b>State of Residence</b>	

## Important relationships

Any participant included in this plan for gifting, goals, beneficiaries or owners of insurance policies (Eg. children, grandchildren, charities, etc.)

Name	Date of Birth	Relationship
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

# Expectations & Concerns



What do you most look forward to?  
 What worries or concerns you?  
 Select what applies to you.

Retirement Expectations	Client	Co-Client
Active Lifestyle		
Quiet Lifestyle		
Opportunity to Help Others		
Moving to a New Home		
Work by Choice		
Time to Travel		
Start a Business		
Time with Friends & Family		
Less Stress - Peace of Mind		
Other		

Retirement Concerns	Client	Co-client	Degree		
			High	Med	Low
<b>Money Concerns</b>					
Not having a paycheck					
Running out of money					
Suffering investment losses					
Leaving money to others					
<b>Health Concerns</b>					
Cost of health care or long-term care					
Current or future health issues					
Dying early					
Living too long					
Getting ill					
<b>Personal &amp; Family Concerns</b>					
Being bored					
Parents needing care					
<b>Other</b>					

# Retirement Age

(If already retired, skip to Planning Age)

When would you like to retire? Enter your Ideal Retirement Age.



	Client (C)	Co-Client (Co)
<b>Ideal Retirement Age</b>	Age:	Age:

## Planning Age (Life Expectancy)

With Americans living longer, it's a good idea to consider how long you think you will live.

This is important because your plan will need to cover expenses for the length of your retirement.

By answering the questions, your advisor can determine a reasonable planning age.

	Client (C)	Co-Client (Co)
<b>Are you a smoker</b>	Yes      No	Yes      No
<b>For your age, how would you rate your health?</b>	Poor      Good      Excellent	Poor      Good      Excellent
<b>If you compare your family members to others, how long do they tend to live?</b>	Shorter than average About average Longer than average	Shorter than average About average Longer than average



# Budget

Help Determine Basic Living Expense



Personal & Family Expenses	Current Monthly	In Retirement Monthly
Alimony	\$	\$
Bank Charges	\$	\$
Business Expense	\$	\$
Cash - Miscellaneous	\$	\$
Cell Phone	\$	\$
Charitable Donations	\$	\$
Child Allowance/Expense	\$	\$
Child Care	\$	\$
Child Support	\$	\$
Clothing	\$	\$
Club Dues	\$	\$
Credit Card Debt Payment	\$	\$
Dining	\$	\$
Entertainment	\$	\$
Gifts	\$	\$
Groceries	\$	\$
Healthcare	\$	\$
Hobbies	\$	\$
Household Items	\$	\$
Laundry/Dry Cleaning	\$	\$
Personal Care	\$	\$
Pet Care	\$	\$
Recreation	\$	\$
Vacation/Travel	\$	\$
Other	\$	\$
<b>TOTAL</b>	\$	\$
Vehicle Expenses	\$	\$
Loan / Lease	\$	\$
Insurance	\$	\$
Personal Property Tax	\$	\$
Fuel	\$	\$
Repairs / Maintenance	\$	\$
Parking / Tolls	\$	\$
Other	\$	\$
<b>TOTAL</b>	\$	\$

# Budget

## Help Determine Basic Living Expense



Home Expenses	Current Monthly	In Retirement Monthly
Mortgage / Rent	\$	\$
Equity Line	\$	\$
Real Estate Tax	\$	\$
Homeowner's Insurance	\$	\$
Association Fees	\$	\$
Electricity	\$	\$
Gas/Oil	\$	\$
Trash Pickup	\$	\$
Water/Sewer	\$	\$
Cable/Satellite TV	\$	\$
Internet	\$	\$
Telephone (land line)	\$	\$
Lawn Care	\$	\$
Maintenance	\$	\$
Furniture	\$	\$
Other	\$	\$
<b>TOTAL</b>	\$	\$

Personal Insurance Expenses		
Disability for Client	\$	\$
Disability for Spouse	\$	\$
Life for Client	\$	\$
Life for Spouse	\$	\$
Long-Term Care for Client	\$	\$
Long-Term Care for Spouse	\$	\$
Medical for Client	\$	\$
Medical for Spouse	\$	\$
Umbrella Liability	\$	\$
Other	\$	\$
<b>TOTAL</b>	\$	\$

Total All Expenses		
Personal & Family Expenses	\$	\$
Vehicle Expenses	\$	\$
Home Expenses	\$	\$
Personal Insurance Expenses	\$	\$
<b>TOTAL</b>	\$	\$

# Retirement Income

Please identify all the resources you have to fund your Goals.



## Social Security Benefits

If available, provide your Social Security estimate from ssa.gov.

Are you eligible?	Client (C)			Co-Client (Co)		
	Yes	No	Receiving Now	Yes	No	Receiving Now
Benefit amount at desired age	Primary Insurance Amount (PIA) \$			Primary Insurance Amount (PIA) \$		
When to start	62	67	Other	62	67	Other
	\$			\$		

## Part-Time Work & Other Retirement Income

Please include income from part-time work, rental property, annuities, royalties, alimony, etc.

All amounts are pre-tax and begin at retirement unless otherwise noted.

Don't include interest or dividend income from your investments.

Description	Owner		Monthly Income	Year It Ends or Number of Years
	C	CO		
			\$	
			\$	
			\$	
			\$	

## Pension Income

If available, provide your pension statement. If unavailable, provide information below.

For a lifetime pension, put "End of Life" in "Year It Ends" column.

Description	Owner		Monthly Income	Start Year	Year It Ends or Number of Years	Check if Amount Inflates to COLA	
	C	CO				Yes	No
			\$			Yes	No
			\$			Yes	No
			\$			Yes	No
			\$			Yes	No

# Investment Assets

Identify all the resources you have to fund your Goals. Don't worry about determining the exact amounts, reasonable estimates are fine. If available provide your investment statements.



## Client

Investment Type	Current Value	Annual Additions
<b>Retirement Plans (e.g., 401k, 403b)</b>	\$	\$
<b>Pension Lump Sum</b> Benefit Commencement Date (BCD):	\$ / /	\$
<b>Traditional IRA</b>	\$	\$
<b>Roth IRA</b>	\$	\$
<b>529 Savings Plan</b>	\$	\$
<b>Annuities</b>	\$	\$
<b>HSA / RRA</b>	\$	\$
<b>Other</b>	\$	\$

## Co-Client

Investment Type	Current Value	Annual Additions
<b>Retirement Plans (e.g., 401k, 403b)</b>	\$	\$
<b>Pension Lump Sum</b> Benefit Commencement Date (BCD):	\$ / /	\$
<b>Traditional IRA</b>	\$	\$
<b>Roth IRA</b>	\$	\$
<b>529 Savings Plan</b>	\$	\$
<b>Annuities</b>	\$	\$
<b>HSA / RRA</b>	\$	\$
<b>Other</b>	\$	\$

# Investment Assets

Identify all the resources you have to fund your Goals. Don't worry about determining the exact amounts, reasonable estimates are fine. If available provide your investment statements.



## Non-Retirement Accounts

Investment Type	Current Value	Annual Additions
Inheritance Account	\$	\$
Checking / Savings	\$	\$
Taxable / Brokerage	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$





# Liabilities

Identify all the liabilities you have. Don't worry about determining the exact amounts, reasonable estimates are fine.



Description	Owner			Beginning Balance	Current Balance	Monthly Payment	Term	Interest Rate
	C	Co	Joint					
Mortgage								



## Car

To be sure you'll be driving what you want, add separate Goals for buying cars during retirement. Don't forget, you may have a trade-in. So use the amount you'll need after subtracting the trade-in value from the new car price.

Importance High Low 10 — 1	Description	Year	Start At Retirement			Amount after Trade-In	How Often	How Many Times
			C	Co	Joint			
						\$		
						\$		
						\$		

## Other Needs

Did we miss something? If it's expensive or important, make it an Anything Else Goal, but be sure to add a good description.



Importance High Low 10 — 1	Description	Frequency	Start Date	Cost Per Year/Month
		Yes No Only If Needed	/ /	\$
		Yes No Only If Needed	/ /	\$
		Yes No Only If Needed	/ /	\$
		Yes No Only If Needed	/ /	\$
		Yes No Only If Needed	/ /	\$

## Risk Tolerance

Please select the option that best describes your comfort level with investment risk and potential market fluctuations.

Client				
Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive

Co-Client				
Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive

To help us better understand your risk profile and align recommendations accordingly, please click the button below or scan the QR code to complete the complimentary Risk Assessment.

[Start Your Assessment >](#)

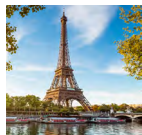


# Lifestyle Goals

## Before and After Retirement



Some common goals that may fall under wants and wishes include:



### Travel

Is there one special place calling your name? Or do you want to travel every year? Create Travel Goals for one special trip, or for recurring travel.



### College

Plan to pay for all or part of a college education (or some other education program) for yourself, a child or grandchild.



### Home Improvement

Do you have plans to renovate? Create Goals for major home improvements and repairs.



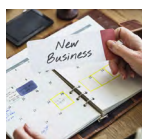
### New Home

Do you plan to trade-up or just want more space? Maybe you would like a vacation home.



### Provide Care

If you need money to take care of someone you love (e.g., your mother in a nursing home, or a child with special needs), make sure you have a Goal.



### Start Business

If you plan to start a business or buy a business franchise.



### Major Purchase

You've always wanted a sail boat? A motor home? A hot tub? Whatever it is, go for it. Fill in the blank, and make it a Goal.



### Leave Bequest

Create bequests for the money you'd like to leave at your death to family, friends, charities and/or institutions.



### Gifts or Donation

Would you like to give back? Or maybe your parents need help. Use Gift Goals for any cash gifts.



### Wedding

Want to help pay for a wedding? If you plan to pay for all or part of the cost, include it as a Goal.



### Celebration

What special events do you look forward to celebrating? Do you have a Bar Mitzvah, Bat Mitzvah, family reunion, anniversary or retirement party in your future?

## Goal Importance Scale

Use this scale in the next few Lifestyle pages to indicate the importance of each Goal on a scale of 10 - 1, with 10 being the most important. This exercise and rating groups your goals by Needs (what you must have), Wants (what you would like to have), and Wishes (what you wish to have).





# Additional Considerations

Do you have any of the following? If available, provide statements.



## Executive Benefits

	Client (C)		Co-Client (Co)		Notes
Stock Options	Yes	No	Yes	No	
Restricted Stock	Yes	No	Yes	No	
Deferred Compensation	Yes	No	Yes	No	
Small Business Ownership	Yes	No	Yes	No	

## Insurance

Have you had your insurance reviewed and analyzed to see if you have enough coverage?

	Client (C)		Co-Client (Co)		Notes
Group/Term Life Insurance	Yes	No	Yes	No	
Death Benefit	\$		\$		
Cash Life Insurance	Yes	No	Yes	No	
Death Benefit	\$		\$		
Cash Value	\$		\$		
Disability Insurance	Yes	No	Yes	No	
Long-Term Care Insurance	Yes	No	Yes	No	
Cash Value Life Insurance	Yes	No	Yes	No	

## Estate

Completing this section can help review your Estate plans.

	Client (C)		Co-Client (Co)		Notes
Will	Yes	No	Yes	No	
Including a provision for a Bypass Trust	Yes	No	Yes	No	
Date documents were last reviewed	/	/	/	/	
Medical Directive	Yes	No	Yes	No	
Power of Attorney	Yes	No	Yes	No	
Revocable Living Trust / Other Trust	Yes	No	Yes	No	

# Additional Information



## Statements:

These statements may be helpful throughout the workbook.

- Social Security Administration
- Bank
- Investment
- Retirement accounts
- College savings accounts
- Mortgage

## Retirement Income:

Gather the information regarding sources of income in retirement and the amounts.

- Pension
- Annuity Income
- Alimony
- Part-time work
- Royalties
- Rental properties
- HSA
- Other

## Risk Management:

See current insurance list.

- Life insurance with cash value
- Group term
- Long-Term Care
- Disability
- Auto
- Home
- Other

## Investment Assets and Contributor Amounts:

You will be able to enter totals for each of these asset types:

- Employer-sponsored plans (Eg. 401k, 403b, 457)
- Traditional IRAs Roth IRAs
- Taxable / brokerage assets
- Tax-deferred accounts (Eg. Annuity)
- Tax-free / brokerage accounts
- 529 college savings plans
- Other

## Liabilities or Debt (Total Amount and End Dates):

Gather information regarding current balance, interest rates, bequest value and payments.

- Mortgages
- Equity lines of credit
- Vehicle loans
- Business loans
- Credit cards
- Personal lines of credit
- Education or student loans
- Other

## Other Assets:

Other assets you may have and estimate the dollar value.

- Home(s)
- Collectibles
- Personal property
- Business
- Real estate
- Inheritance or gift
- Other

## Notes

## Questions