

Your Retirement **Lifestyle Plan**



Get Started

Personal Information

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

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
Money Concerns			
Not having a paycheck			
Running out of money			
Suffering investment losses			
Leaving money to others			
Health Concerns			
Cost of health care or long-term care			
Current or future health issues			
Dying early			
Living too long			
Getting ill			
Personal & Family Concerns			
Being bored			
Parents needing care			
Other			

Retirement Age and Living Expense

When would you like to retire? Enter your Target Retirement Age. Then, indicate how willing you are to delay retirement beyond that age, if it helps you fund your Goals. Then, indicate your living expense amount.

	Client (e.g., age 65)		Co-Client (e.g., age 65, together)	
At what age would you like to retire?				
How willing are you to retire later?	Not at All Somewhat	Slightly Very	Not at All Somewhat	Slightly Very
Living Expense Amount	Use My Estimate \$ _____			

Retirement Lifestyle Goals

Lifestyle Goals are above and beyond what you need to pay for basic expenses. Rate the importance of each Goal on a scale of 10 \longleftrightarrow 1. Needs (10, 9, 8), Wants (7, 6, 5, 4), and Wishes (3, 2, 1).

Most Common Goals		Other Goals		
Travel	College	Wedding	New Home	Celebration
Car	Home Improvement	Major Purchase	Start Business	Provide Care
Health Care	Gift or Donation	Leave Bequest	Private School	Other

Importance High Low 10 \longleftrightarrow 1	Description	Start Year	C	Co	Amount	How Often	How Many Times
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		

Social Security Benefits

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

	Client			Co-Client		
Are you eligible?	Yes	No	Receiving Now	Yes	No	Receiving Now
Benefit amount	Primary Insurance Amount (PIA) \$ _____			Primary Insurance Amount (PIA) \$ _____		
When to start	At Full Retirement Age (per Social Security) at age _____ at retirement			At Full Retirement Age (per Social Security) at age _____ at retirement		

Retirement Income

(Pension, part-time work, rental property, annuities, royalties, alimony)

Description	Owner		Monthly Income	Start Year	Year It Ends or No. of Years	% Survivor Benefit	Check if amount inflates	GPO
	C	Co						
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					

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	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
HSA	\$	\$	%	%	%
Taxable / Brokerage	\$	\$			
Other	\$	\$			

Co-Client

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
HSA	\$	\$	%	%	%
Taxable / Brokerage	\$	\$			
Other	\$	\$			

Extra Savings

Enter the maximum additional amount you could save each year above existing annual savings:	\$				
How willing are you to save more?	<table border="0"> <tr> <td>Not at All</td> <td>Somewhat</td> </tr> <tr> <td>Slightly</td> <td>Very</td> </tr> </table>	Not at All	Somewhat	Slightly	Very
Not at All	Somewhat				
Slightly	Very				

Insurance

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

	Client		Co-Client		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	

Risk Score

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Client	Co-Client

Notes

