

Purpose of This Workbook

This workbook is designed to help you collect and organize the information needed to develop your Retirement Lifestyle Plan, and will include your goals and the resources available to fund them.

As you go through this workbook, gathering some of the following documents may be helpful in sharing important details of your current situation: Bank and Investment statements, Retirement Account statements, College Fund Account statements, Employer Benefits, Social Security Administration statement, Liability statements, and Insurance policies. Some of these documents may or may not apply to your particular situation.

Important data can be gathered from the above mentioned documents such as: current account balances, contributions and additions currently being made, projected employee benefits, when major liabilities end, future social security benefits or pension benefit amounts.

Thank you in advance for taking the time to gather some of this information so we can focus on the fun stuff: developing a plan that addresses your goals, hopes, and dreams in retirement!

Introduction to Your Retirement Lifestyle Plan

It is time to take control of your own future. With a well-designed Retirement Lifestyle Plan, you can obtain the most enjoyment possible from the money you have to spend during the rest of your life. In an uncertain world where investment returns are unpredictable, planning is the most important exercise you can do to increase the likelihood that you'll enjoy a rewarding retirement.

Planning the future you want should be an enjoyable process, and it all starts with your Goals. So, take your time, allow yourself to dream a little, and have some fun. Begin by telling us a little about yourself.

Personal Information

About You

	Client 1 (C1)	Client 2 (C2)
Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	/ /	/ /
Marital Status		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner
Employment Income		
Other Income (non-investment only)		
Net Worth (Approx.)	<input type="checkbox"/> < \$250K <input type="checkbox"/> \$250K - \$500K <input type="checkbox"/> \$500K - \$1M <input type="checkbox"/> \$1M - \$2M <input type="checkbox"/> > \$2M	
State of Residence		

Children and Grandchildren (or any other Participant included in this plan)

Name	Date of Birth	Relationship

Retirement Age and Living Expense

Retirement Age *If already retired, skip to 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.

	Client 1 (C1)	Client 2
Target Retirement Age	Age:	Age:
How willing are you to retire later (if necessary) to attain your Goals?	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly Willing <input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Very Willing	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly Willing <input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Very Willing
What order of Retirement do you prefer?	<input type="checkbox"/> Both retire in the same year. <input type="checkbox"/> Either can retire first.	<input type="checkbox"/> Only Client 1 can retire first. <input type="checkbox"/> Only Client 2 can retire first.

Living Expense



Everyone must pay the bills. This Goal is for your basic day-to-day living expenses (e.g., food, clothes, utilities, etc.) during retirement. By making your Basic Living Expense a separate Goal, you can see exactly what it takes to pay the bills for the rest of your life. When you're confident that you have your basic expenses covered, you can sleep better at night and feel free to enjoy spending money to fulfill your other Retirement Lifestyle Goals.

Importance High Low 10 ↔ 1	Description	Target Annual Amount
10	Living Expense	\$_____ or <input type="checkbox"/> Use Program Estimate if not Retired

Be sure you don't "double count" any expenses during retirement. For example, if you entered a separate Goal for a car, don't include the purchase cost of this car in your Living Expense, but do include all operating expenses (e.g., gas, taxes, maintenance). If you're not sure how much money you need, use the Budget Worksheet on page 13.

Adjustments to Living Expense

Your Retirement Living Expense amount may include some expenses that will end during retirement. When the expenses end, your Living Expense amount would be reduced. Please indicate any expenses that will end.

Description	Annual Amount (current dollars)	Year Expense Will End	Check if amount inflates
<i>e.g., Mortgage</i>	\$16,000	2021	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Retirement Income

Identify all the resources you have to fund your Goals. Don't worry about determining the exact amounts
Social Security Benefits - *if available, provide your Social Security estimate statement.*

	Client 1			Client 2		
Are you eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Receiving Now	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Receiving Now
Amount of benefit/Age	\$ <input type="checkbox"/> Use Program Estimate			\$ <input type="checkbox"/> Use Program Estimate		
Include Social Security Maximization analysis			<input type="checkbox"/>			

Part-Time Work & Other Retirement Income

Don't include interest or dividend income from your investments. Include income from part-time work, rental property, annuities, royalties, alimony, etc. All amounts are pre-tax and begin at retirement unless otherwise noted.

Description	Client 1		Client 2	
	Monthly Income	Yr It Ends or No. of Yrs	Monthly Income	Yr It Ends or No. of Yrs
<i>e.g., Part-time</i>	\$ 1,000	5		

Pension Income *If available, provide your pension statement.*

If you have a lifetime pension, put "End of Life" in "Year It Ends" column.

Description	Whose Pension is it?		Monthly Income	Yr It Ends or No. of Yrs	% Survivor Benefit	Check if amount inflates
	C1	C2				
<i>e.g., ABC Pension</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,500	<i>End of Life</i>	50%	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

Investments

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 1

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			%	%	%
Cash Value Life Insurance			%	%	%
Taxable					

Client 2

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			%	%	%
Cash Value Life Insurance			%	%	%
Taxable			%	%	%

Joint Accounts

Description	Current Value*	Annual Additions*	Approximate Allocation		
			Cash	Bond	Stock
			%	%	%
			%	%	%
			%	%	%

Extra Savings - if not Retired

Could you save more to fund your Goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, enter the maximum extra amount you could save each year in addition to the amounts above:	\$	<input type="checkbox"/> Use program estimate of 5% of employment income
How willing are you to save more?	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Very Willing

Other Assets

Primary Residence

Owner	
Current Value	
Growth Rate	%

Business

Owner	
Current Value	
Growth Rate	%

If you intend to sell this home to fund your goals, enter the following:

Description	Year to Sell			Estimate of Cash Received (after-tax)		
	Enter Year	At Retirement		Low	Expected	High
		C1	C2			
Primary Residence		<input type="checkbox"/>	<input type="checkbox"/>			
Business		<input type="checkbox"/>	<input type="checkbox"/>			

Other Assets *(Other Homes, Real Estate, Personal Property, Collectables, Inheritance)*

Description	Owner			Current Value	Planning to sell this asset?	Year Sell / Received	Cash Received (After-tax)
	C1	C2	Joint				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		

Liabilities

Description	Owner			Current Balance	Monthly Payment	Term	Interest Rate
	C1	C2	Joint				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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 1	Client 2

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

Age Group	Men			Women		
	> 64	50-64	< 50	> 64	50-64	< 50
Avg Score	50	54	59	45	48	52

Additional Considerations

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

Other Information

	Client 1	Client 2	Notes
Stock Options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Restricted Stock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deferred Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Small Business Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Insurance - complete this section to have the adequacy of your Insurance coverage reviewed and analyzed.

	Client 1	Client 2	Notes
Group/Term Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Value	\$	\$	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Estate - complete this section to have the adequacy of your Estate planning reviewed and analyzed.

	Client 1	Client 2	Notes
Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Including a provision for a Bypass Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date documents were last reviewed			
Medical Directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Budget - Optional to Help Determine Basic Living Expense

Personal and Family Expenses	Current	Retirement
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		
TOTAL		

Vehicle Expenses	Current	Retirement
Insurance		
Personal Property Tax		
Fuel		
Repairs / Maintenance		
Parking / Tolls		
Other		
TOTAL		

Home Expenses	Current	Retirement
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		
TOTAL		

Personal Insurance Expenses	Current	Retirement
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		
TOTAL		

TOTAL ALL EXPENSES	Current	Retirement
Personal and Family Expenses		
Vehicle Expenses		
Home Expenses		
Personal Insurance Expenses		
TOTAL		