

Your Retirement Lifestyle Workbook



Purpose of This Workbook and Helpful Checklist

This lifestyle workbook is designed to help you collect and organize the information needed to develop your Retirement Plan which includes your goals and the resources available to fund them. Gathering information from the checklist below will help you move through the workbook. It's a good idea to gather as much of this information as possible before you start filling in the workbook.

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.

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

Get Started

Personal Information

	Client (C)	Co-Client (Co)
Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	/ /	/ /
Email Address		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> 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
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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	<input type="checkbox"/>	<input type="checkbox"/>	
Quiet Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunity to Help Others	<input type="checkbox"/>	<input type="checkbox"/>	
Moving to a New Home	<input type="checkbox"/>	<input type="checkbox"/>	
Work by Choice	<input type="checkbox"/>	<input type="checkbox"/>	
Time to Travel	<input type="checkbox"/>	<input type="checkbox"/>	
Start a Business	<input type="checkbox"/>	<input type="checkbox"/>	
Time with Friends & Family	<input type="checkbox"/>	<input type="checkbox"/>	
Less Stress - Peace of Mind	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement Concerns	Client	Co-client	Degree High/Med/Low
Money Concerns			
Not having a paycheck	<input type="checkbox"/>	<input type="checkbox"/>	
Running out of money	<input type="checkbox"/>	<input type="checkbox"/>	
Suffering investment losses	<input type="checkbox"/>	<input type="checkbox"/>	
Leaving money to others	<input type="checkbox"/>	<input type="checkbox"/>	
Health Concerns			
Cost of health care or long-term care	<input type="checkbox"/>	<input type="checkbox"/>	
Current or future health issues	<input type="checkbox"/>	<input type="checkbox"/>	
Dying early	<input type="checkbox"/>	<input type="checkbox"/>	
Living too long	<input type="checkbox"/>	<input type="checkbox"/>	
Getting ill	<input type="checkbox"/>	<input type="checkbox"/>	
Personal & Family Concerns			
Being bored	<input type="checkbox"/>	<input type="checkbox"/>	
Parents needing care	<input type="checkbox"/>	<input type="checkbox"/>	
Other			
	<input type="checkbox"/>	<input type="checkbox"/>	

Retirement Age

(If already retired, skip to Planning Age)

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

	Client	Co-Client
Ideal 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 <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
What order of retirement do you prefer?	<input type="checkbox"/> Both retire in the same year. <input type="checkbox"/> Either can retire first.	

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

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.



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.



College

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



Leave Bequest

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



Home Improvement

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



Gifts or Donation

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



New Home

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



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.



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.



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?

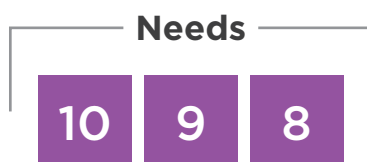


Start Business

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

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).



Needs: Lifestyle Goals Before and After Retirement



Living Expense

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.



Health Care

If you believe that Health Care costs, beyond basic expenses such as your Medicare supplement, are likely to be particularly significant for you or your family, use this Goal to separate those costs from your retirement living expense.

Importance	Description	Annual Amount
10	Living Expense	\$
10	Health Care (out-of-pocket)	\$

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 (Page 17).

Needs: Lifestyle Goals Before and After Retirement

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
e.g., Mortgage	\$ 16,000	2021	<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>



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			Amount after Trade-In	How Often	How Many Times
			At Retirement					
			C	Co	Both			
	e.g., John's SUV		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 30,000	Every 4 Yrs	6
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		



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
		<input type="checkbox"/> One Time <input type="checkbox"/> Recurring		\$
		<input type="checkbox"/> One Time <input type="checkbox"/> Recurring		\$
		<input type="checkbox"/> One Time <input type="checkbox"/> Recurring		\$
		<input type="checkbox"/> One Time <input type="checkbox"/> Recurring		\$
		<input type="checkbox"/> One Time <input type="checkbox"/> Recurring		\$

Wants: Lifestyle Goals Before and After Retirement

Importance High Low 10 ←→ 1	Description	Start Year	C	Co	Both	Amount	How Often	How Many Times
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
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Retirement Income - Identify all the resources you have to fund your Goals.

Social Security Benefits

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

	Client	Co-Client
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
Benefit amount	<input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____	<input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____
When to start	At Full Retirement Age (per Social Security) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement	At Full Retirement Age (per Social Security) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement

Part-Time Work & Other Retirement Income

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		
e.g., Part-time	<input type="checkbox"/>	<input type="checkbox"/>	\$ e.g., Part-time	5
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	

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 No. of Years	% Survivor Benefit	Check if amount inflates	GPO
	C	Co						
e.g., ABC Pension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1,500		End of Life	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>

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	\$	\$			

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.

Joint Accounts

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%

Extra Savings

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

Other Assets

Other Homes, Real Estate, Personal Property, Collectibles, Inheritance, etc.

Description	Owner			Current Value	Planning to sell this asset?	Year Sell / Received	Cash Received (After-tax)
	C	Co	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		
	<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		
	<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		
	<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		
	<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			Beginning Balance	Current Balance	Monthly Payment	Term	Interest Rate
	C	Co	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"/>					
	<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"/>					
	<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

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?

Client	Co-Client

	Household			Men			Women		
Age Group	> 64	50-64	< 50	> 64	50-64	< 50	> 64	50-64	< 50
Avg Score	47	50	54	50	54	59	45	48	52

Additional Considerations

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

Executive Benefits

	Client	Co-Client	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

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

	Client	Co-Client	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	
Cash Value Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Estate

Completing this section can help review your Estate plans.

	Client	Co-Client	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 & 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
Loan / Lease	\$	\$
Insurance	\$	\$
Personal Property Tax	\$	\$
Fuel	\$	\$
Repairs / Maintenance	\$	\$
Parking / Tolls	\$	\$
Other	\$	\$
TOTAL	\$	\$

Budget - Optional to Help Determine Basic Living Expense

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 & Family Expenses	\$	\$
Vehicle Expenses	\$	\$
Home Expenses	\$	\$
Personal Insurance Expenses	\$	\$
TOTAL	\$	\$

Notes

Questions



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