

Retirement Fact Finder



What excites you most about retirement?

What concerns you most about retirement?

CLIENT

Name	Date of Birth	Current Salary
	Full Partial	
Desired Retirement Date or Age	Full or Partial Retirement?	If Partial, Full Retirement Date?
Gender	Retirement State	
Cancer Cardiovascular Disease Diabetes (Type 2) High BP High Cholesterol Tobacco		
Health Conditions (Select all that apply)		

ADDITIONAL CLIENT

Name	Date of Birth	Current Salary
	Full Partial	
Desired Retirement Date or Age	Full or Partial Retirement?	If Partial, Full Retirement Date?
Gender	Retirement State	
Cancer Cardiovascular Disease Diabetes (Type 2) High BP High Cholesterol Tobacco		
Health Conditions (Select all that apply)		

Street Address City State

Zip Email Address

SPENDING GOALS

This balance sheet helps clients determine their monthly standard of living expenses and provide a better idea of their desired monthly income in retirement. This exercise may also help them prioritize their retirement goals and agree on what expenses they may need to reduce in retirement depending on the income that their plan can produce given their investable assets and risk profile.

These are expenses that remain the same from month to month.

	Non-Discretionary Expenses (Fixed)	Current	At Retirement	Notes
1	Rent / Mortgage (PITI)	\$	\$	
2	Phone(s)	\$	\$	
3	Cable / Fiber (TV, Internet)	\$	\$	
4	Water	\$	\$	
5	Sewer	\$	\$	
6	Trash	\$	\$	
7	Auto Insurance	\$	\$	
8	Life Insurance	\$	\$	
9	Health Insurance	\$	\$	
10	Other Insurance	\$	\$	
11	Other Fixed Expenses	\$	\$	

Total Fixed Expenses:

These are expenses that vary from month to month.

	Non-Discretionary Expenses (Variable)	Current	At Retirement	Notes
12	Groceries	\$	\$	
13	Work Lunches	\$	\$	
14	Clothing	\$	\$	
15	Dry Cleaning	\$	\$	
16	Electricity	\$	\$	
17	Heat	\$	\$	
18	Auto - Gas & Repairs	\$	\$	
19	Doctor / Drugs	\$	\$	
20	Dentist	\$	\$	
21	Home Repairs	\$	\$	
22	Child Care	\$	\$	
23	Other Variable Expenses	\$	\$	

Total Variable Expenses:

SPENDING GOALS / INCOME

This balance sheet helps clients determine their current expenses and how they may change in retirement. If a client does not wish to complete this form they should identify a starting monthly spending goal, net of taxes, which can be entered at the end of the Spending Goals section.

	Discretionary Expenses	Current	At Retirement	Notes
24	Entertainment:			
	Restaurants	\$	\$	
	Liquor	\$	\$	
	Books & Magazines	\$	\$	
	Hobbies	\$	\$	
	Amusements	\$	\$	
	Club Dues	\$	\$	
25	Charitable Donations	\$	\$	
26	Education	\$	\$	
27	Gifts (Incl. holidays, birthdays, etc.)	\$	\$	
28	Vacations / Travel	\$	\$	
29	Deposits to Savings	\$	\$	
30	Car Purchases	\$	\$	
31	Other	\$	\$	

Total Discretionary Expenses:

Additional Debt Expense should be noted as if it is being paid off on a monthly basis.

	Debt Service	Current	At Retirement	Notes (Balance, % rate, etc.)
32	Total non-mortgage consumer debt	\$	\$	
33	Other personal debt	\$	\$	

Total Debt:

TOTAL EXPENSES:

	Income	Current	At Retirement	Notes (Balance, % rate, substantial earnings years, etc.)
Client 1				
	Salary	\$	\$	
	Social Security	\$	\$	
	Pension (Public or Private?)	\$	\$	
Client 2				
	Salary	\$	\$	
	Social Security	\$	\$	
	Pension (Public or Private?)	\$	\$	
	Other Income (rental, etc.)	\$	\$	

Total Income:

Total Expenses:

Difference:

Or, Starting Monthly
Income Goal (Net):

FINANCIAL PROFILE

Taxable Accounts: Taxable accounts include any personal savings, including funds held in investment accounts, money markets, CDs, bank savings and checking, etc.

Owner	Type	Institution	Current ROR	Available for income?	Amount	Cost Basis
			%		\$	\$
			%		\$	\$
			%		\$	\$
			%		\$	\$
			%		\$	\$
			%		\$	\$
			%		\$	\$
			%		\$	\$
			%		\$	\$
			%		\$	\$

Total Taxable Assets:

Qualified Accounts: Qualified accounts include any retirement savings, including employer retirement plans (401k, 403b), IRAs, Inherited IRAs, Roth IRAs, small business retirement accounts, etc.

Owner	Type	Institution	Current ROR	Available for income?	Amount
			%		\$
			%		\$
			%		\$
			%		\$
			%		\$
			%		\$
			%		\$
			%		\$
			%		\$
			%		\$

Total Qualified Assets:

Total Investable Assets:

Additional Notes

FINANCIAL PROFILE

Contribution Schedule: List any contributions and amounts being made to accounts. Be sure to include any company matches being made to retirement accounts.

Owner	Account	Contribution Amount	Annual Increase	Start Date	End Date	Frequency
		\$	%			
		\$	%			
		\$	%			
		\$	%			
		\$	%			
		\$	%			
		\$	%			
		\$	%			
		\$	%			
		\$	%			

Annuities: List any annuity products that you currently own.

Owner	Company / Product	Registration Type	Cost Basis (NQ Only)	Issue Date	Current Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

Life Insurance: List any insurance policies that you currently own.

Insured	Company / Product	Type	Expiration Date	Death Benefit	Premium	Cash Value	ROR
				\$	\$	\$	%
				\$	\$	\$	%
				\$	\$	\$	%
				\$	\$	\$	%
				\$	\$	\$	%

ADDITIONAL SOURCES OF INCOME

Social Security

Owner Primary Insurance Amount or Current Benefit Already Claimed? If already claimed, original claim date If receiving a Public Pension, input the number of "Substantial Earnings Years" where you paid into Social Security

Owner Primary Insurance Amount or Current Benefit Already Claimed? If already claimed, original claim date If receiving a Public Pension, input the number of "Substantial Earnings Years" where you paid into Social Security

Other Income: List any other sources of income that available to you , i.e., riders, pensions, rental income, etc.

Owner	Type	Frequency	Amount	Start Date	End Date	Annual Increase
			\$			%
			\$			%
			\$			%
			\$			%
			\$			%
			\$			%

REAL ESTATE

Primary Residence

Name Owner Date Purchased Planned Sale Date Debt Amount at Sale

Purchase Price Current Value Annual Increase % Mortgage Payment Payoff Date Taxes / Insurance

Investment Property #1

Name Owner Date Purchased Planned Sale Date Debt Amount at Sale

Purchase Price Current Value Annual Increase % Mortgage Payment Payoff Date Taxes / Insurance

Investment Property #2

Name Owner Date Purchased Planned Sale Date Debt Amount at Sale

Purchase Price Current Value Annual Increase % Mortgage Payment Payoff Date Taxes / Insurance

HEALTHCARE

Coverage Type

Owner	Commercial	MediCare Part B	MediCare Part D	Supplemental (MediGap)	MediCare Part C (Advantage)
-------	------------	-----------------	-----------------	------------------------	-----------------------------

Owner	Commercial	MediCare Part B	MediCare Part D	Supplemental (MediGap)	MediCare Part C (Advantage)
-------	------------	-----------------	-----------------	------------------------	-----------------------------

ADDITIONAL NOTES