

Retirement Lifestyle Workbook

Client & Co-Client



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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 getting started.

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	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	
No Work			
Part-Time Work for a Few Years			
Never Completely Retire			
Active Lifestyle			
Quiet Lifestyle			
Time to Travel			
Time with Friends and Family			
Opportunity to Help Others			
Moving to a New Home			
Start a Business			
Less Stress - Peace of Mind			
Other:			
Retirement Concerns	Client	Co-client	Degree
			High/Med/Low
Not having a paycheck anymore			
Running out of money			
Suffering investment losses			
Leaving money to others			
Spending too much			
Cost of health care or long-term care			
Current or future health issues			
Dying early			
Living too long			
Getting Alzheimer's (or other illness)			
Going into a nursing home			
Being bored			
Too much time together			
Parents needing care			
Family needs financial help			
Kids moving home			
Care for child with special needs			
Other:			

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?	Not at All Slightly Somewhat Very	Not at All Slightly Somewhat Very
What order of retirement do you prefer?	Both retire in the same year. 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	Yes No	Yes No
For your age, how would you rate your health?	Poor Good Excellent	Poor Good Excellent
If you compare your family members to others, how long do they tend to live?	Shorter than average About average Longer than average	Shorter than average About average 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"/>
	\$		
	\$		
	\$		
	\$		



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



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
		One Time Recurring		\$
		One Time Recurring		\$
		One Time Recurring		\$
		One Time Recurring		\$
		One Time 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
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
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						\$		
						\$		
						\$		
						\$		
						\$		

Wishes: Lifestyle Goals Before and After Retirement

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

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	✓		\$ e.g., Part-time	5
			\$	
			\$	
			\$	

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		✓	\$ 1,500		End of Life	50%		
			\$					
			\$					
			\$					

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?	Not at All Slightly Somewhat 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				
					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		
					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		
					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		
					Yes No Only If Needed		
					Yes No Only If Needed		
					Yes No Only If Needed		
					Yes No Only If Needed		

Liabilities

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

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? If you're not sure, go ahead and guess. You can always talk with your advisor and revise if needed.

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

This table is for reference purposes only. It shows the most common risk score results for both households and individuals within a specific age range. Ultimately, the risk score you provide should reflect your unique willingness to accept risk.

*The Household Risk Score reflects the risk score of the client and co-client.

Additional Considerations

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

Executive Benefits

	Client		Co-Client		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 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	

Estate

Completing this section can help review your Estate plans.

	Client		Co-Client		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	

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 Co-client	\$	\$
Life for Client	\$	\$
Life for Co-client	\$	\$
Long-Term Care for Client	\$	\$
Long-Term Care for Co-client	\$	\$
Medical for Client	\$	\$
Medical for Co-client	\$	\$
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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