

Retirement Lifestyle Plan

Individual Client



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ADVISORS GROUP

Get Started

Personal Information

	Client (C)
Name	
Gender	Male Female
Date of Birth	/ /
Email Address	
Employment Status	Employed Retired Business Owner Homemaker
Employment Income	\$
Other Income (non-investment only)	\$
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	
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	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 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)
At what age would you like to retire?	
How willing are you to retire later?	Not at All Slightly Somewhat 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 ↔ 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 ↔ 1	Description	Start Year	Amount	How Often	How Many Times
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

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

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

Retirement Income

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

Description	Monthly Income	Start Year	Year It Ends or No. of Years	Check if amount inflates	GPO
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

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:	\$	\$			

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

Insurance

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

	Client	Notes
Group/Term Life Insurance	Yes No	
• Death Benefit	\$	
Cash Life Insurance	Yes No	
• Death Benefit	\$	
• Cash Value	\$	
Disability Insurance	Yes No	
Long-Term Care Insurance	Yes No	
Cash Value Life Insurance	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? If you're not sure, go ahead and guess. You can always talk with your advisor and revise if needed.

Household	
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Notes



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