GOAL PLANNING & MONITORING GOALS AND RESOURCES

PERSONAL INFORMATION

	Client (C)		Co-Client (Co)	
Name				
Date of Birth	/ /		/ /	
Employment Status	☐Employed	☐Retired	☐Employed	☐Retired
	☐Business Owner	☐Homemaker	☐Business Owner	☐Homemaker
	☐Presently Not Working		☐Presently Not Working	
Employment Income	$		$	
Other Income (non-investment only)	$		$	
Desired retirement age				
How willing are you to retire later if it may help you achieve your goals?	☐Not at All	☐Somewhat	☐Not at All	☐Somewhat
	☐Part-time work	☐Very	☐Part-time work	☐Very
Based on your health and family history, how long do you expect to live?	Age:	☐Use Estimate	Age:	☐Use Estimate

ESSENTIAL LIVING EXPENSES IN RETIREMENT

The amount required to cover your essential needs (e.g., housing, utilities, food, transportation, property taxes, etc.)

Approximately how much will you need to meet your essential living expenses in retirement?

$ _____ / ◉month ○year ☐I'm not sure. Use an estimate for now.

If one spouse retires before the other, will withdrawals from savings be needed to meet expenses?

☐ Yes $ _____ / ◉month ○year ☐No

Will you have employer-sponsored healthcare in retirement? ☐Yes ☐No

DESIRED SPENDING GOALS

Think about some of the ideal ways you would like to spend your money either prior to or during retirement and list them below. Examples might be travel, gifting, luxury items, home remodel, new car, etc.

	Importance	When Will Goal Start					
Name & Description of Goal	Low High 1↔10	Start Year	At Retirement C	At Retirement Co	At Retirement Both	Dollar Amount	How Often
			☐	☐	☐	$	
			☐	☐	☐	$	
			☐	☐	☐	$	
			☐	☐	☐	$	
			☐	☐	☐	$	
			☐	☐	☐	$	
			☐	☐	☐	$	
			☐	☐	☐	$	
			☐	☐	☐	$	
			☐	☐	☐	$	

SOCIAL SECURITY RETIREMENT BENEFITS

To obtain an estimate of your Social Security benefits go to ssa.gov/myaccount/

	Client (C)		Co-Client (Co)	
Are you eligible?	☐Yes ☐No	☐Receiving Now	☐Yes ☐No	☐Receiving Now
Benefit Amount (PIA)	$	☐Use an Estimate	$	☐Use an Estimate
When will you start collecting?	☐When I Retire	☐At Age _____	☐When I Retire	☐At Age _____

RETIREMENT INCOME SOURCES

List any pensions, rental income, part-time work, etc.

Description	Recipient		Amount	Starts	Ends	Inflation Adjustment	Survivor Pension %
	C	Co					
	☐	☐	$			%	%
	☐	☐	$			%	%
	☐	☐	$			%	%
	☐	☐	$			%	%

INVESTMENT ASSETS & SAVINGS

List any investments assets held outside of Raymond James. Include employer retirement plans, IRAs, brokerage accounts, etc.

Account Description Include account type and where it is held	Client		Co-Client	
	Current Value	Annual Additions	Current Value	Annual Additions
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

OTHER ASSETS

Please list any other assets (nonfinancial) such as home, business, collectibles, investment properties, etc.

Asset Description	Owner	Current Value
		$
		$
		$
		$

RISK TOLERANCE

On a scale of 1 to 100 (1=lowest, 100=highest), how would you rate your willingness to take risk with your investments?

Client _____ Co-Client _____

For our next meeting, please bring the following items:

- ► Social Security statement(s)
- ► Employer retirement plan statement(s)
- ► Investment / Brokerage / Bank statement(s)
- ► Insurance Policies

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GOAL PLANNING & MONITORING BUDGET DATA WORKSHEET

Recording your average monthly expenses can help you budget for the future.

CLIENT_____ CO-CLIENT_____

PERSONAL AND FAMILY EXPENSES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/ Retirement
Alimony	$	$
Bank Charges	$	$
Books/Magazines	$	$
Business Expense	$	$
Care for Parent/Other	$	$
Cash - Miscellaneous	$	$
Cell Phone	$	$
Charitable Donations	$	$
Child Activities	$	$
Child Allowance/Expense	$	$
Child Care	$	$
Child Support	$	$
Child Tutor	$	$
Clothing - Client	$	$
Clothing - Co-Client	$	$
Clothing - Children	$	$
Club Dues	$	$
Credit Card Debt Payment	$	$
Dining	$	$
Education	$	$
Entertainment	$	$
Gifts	$	$
Groceries	$	$
Healthcare - Dental	$	$
Healthcare - Medical	$	$
Healthcare - Prescription	$	$

MONTHLY BUDGET AMOUNT ***- Cont.***		
Category	Current	Alt 1/ Retirement
Healthcare - Vision	$	$
Hobbies	$	$
Household Items	$	$
Personal Care	$	$
Personal Loan Payment	$	$
Pet Care	$	$
Public Transportation	$	$
Recreation	$	$
Self-improvement	$	$
Student Loan Payment	$	$
Vacation/Travel	$	$
Other	$	$
SUBTOTAL	$0	$0

INCOME

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/ Retirement
Employment	$	$
Other	$	$
SUBTOTAL	$0	$0

PERSONAL INSURANCE EXPENSES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/ 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	$	$
SUBTOTAL	$0	$0

TAXES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/ Retirement
Client FICA	$	$
Client Medicare	$	$
Co-Client FICA	$	$
Co-Client Medicare	$	$
Federal Income	$	$
State Income	$	$
Local Income	$	$
Other	$	$
SUBTOTAL	$0	$0

HOME EXPENSES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/ Retirement
First Mortgage	$	$
Second Mortgage	$	$
Equity Line	$	$
Real Estate Tax	$	$
Rent	$	$
Homeowner's Insurance	$	$
Association Fees	$	$
Electricity	$	$
Gas/Oil	$	$
Trash Pickup	$	$
Water/Sewer	$	$
Cable/Satellite TV	$	$
Internet	$	$
Telephone (land line)	$	$
Lawn Care	$	$
Maintenance - Major Repair	$	$
Maintenance - Regular	$	$
Furniture	$	$
Household Help	$	$
Other	$	$
SUBTOTAL	$0	$0

VEHICLE EXPENSES

MONTHLY BUDGET AMOUNT		
Category	Current	Alt 1/ Retirement
Loan Payment	$	$
Lease Payment	$	$
Insurance	$	$
Personal Property Tax	$	$
Fuel	$	$
Repairs/Maintenance	$	$
Parking/Tolls	$	$
Docking/Storage	$	$
Other	$	$
SUBTOTAL	$0	$0

	Current	AH 1/Retirement
TOTAL EXPENSES	$0	$ 0