

Retirement Profile

Date _____

Name(s) _____

Address _____

Phone _____ email _____

Social Security Number _____ Social Security Number _____

PERSONAL AND EMPLOYMENT INFORMATION		
Name		
Date of Birth		
Current Gross Monthly Salary		
Anticipated Annual Increase		
Desired Retirement Date		

RETIREMENT INCOME		
SOCIAL SECURITY BENEFITS		
Social Security Beginning at	Age: _____	Age: _____
Current Social Security Monthly Benefit (if already receiving)		
Projected Monthly Social Security Benefit (once receiving)		
Projected Social Security Cost of Living Increase		
PENSION INCOME		
Pension Beginning at	Age: _____	Age: _____
Monthly Pension		
Cost of Living Adjustment	COLA _____ %	COLA _____ %
Percent to Survivor (if any)		

ASSETS EARMARKED FOR RETIREMENT INCOME					
OWNER	TYPE	COMPANY	RISK (Y or N)	BALANCE	MONTHLY DEPOSIT
	Cash & Cash Equivalents			\$ _____	\$ _____
	CD			\$ _____	\$ _____
	Bonds			\$ _____	\$ _____
	Stocks			\$ _____	\$ _____
	Mutual Funds			\$ _____	\$ _____
	Other			\$ _____	\$ _____
	TOTAL			\$ _____	\$ _____

INSURANCE

LIFE INSURANCE					
Policy Holder	Type (if term, ending year)	Company	Face Amount	Monthly Premium	Cash Value
Long Term Care Insurance					
Policy Holder	Daily Benefit	Years	Inflation%	Company	Monthly Premium

INCOME DETAILS

Current Monthly Income (after tax)	(if uncertain, see page 3)
Projected Inflation Percentage Rate	%
Percentage of current income desired in retirement	%
What Percent of Income to Survivor at 1st Death	Spouse 1 % Spouse 2 %
Estimated State Income Tax Rate	%

ADJUSTMENT DURING RETIREMENT

Future Monthly Income Expense Decreased			
Fixed Obligations and the Year They Will End			
Description (Ex. mortgage)	Amount/Month	Ending Year	
Future Monthly Income Expense Increases			
Fixed Obligations And The Year They Will Start and Stop			
Description (Ex. life insurance premium)	Amount/Month	Start Year	Ending Year

ESTIMATED RETIREMENT BUDGET WORKSHEET

HOME	DETAIL	MONTHLY AMOUNT
Primary Mortgage		
Second Mortgage		
Property Tax		
Homeowners Insurance		
Home Maintenance		
Utilities*		
GENERAL LIVING		
Food		
Clothing		
Education		
Vacation/Travel		
Recreation/Entertainment		
Medical Expenses		
Other		
TRANSPORTATION**		
Auto Maintenance/Gas		
Auto Payment		
Auto Insurance		
INSURANCE		
Life		
Medical- Spouse 1		
Medical - Spouse 2		
Long Term Care Insurance		
Other		
TOTAL MONTHLY EXPENSES		

* Utilities include telephone, cell phone, electricity, gas, internet, cable, etc.

** Transportation includes RV's, boats, etc.

ADJUSTMENT DURING RETIREMENT

Future Monthly Income Expense Decreased			
Fixed Obligations and the Year They Will End			
Description (Ex. mortgage)	Amount/Month	Ending Year	
	\$		
	\$		
	\$		
Future Monthly Income Expense Increases			
Fixed Obligations And The Year They Will Start and Stop			
Description (Ex. life insurance premium)	Amount/Month	Start Year	Ending Year

ADDITIONAL INCOME

Other Income and Future Adjustment			
Description	Amount/Month	Start Year	Ending Year
	\$		
	\$		
	\$		
One Time or Annual Lump Sum Deposits or Withdrawals			
Description	Start Year	End Year	Amount (+ or -)
			\$
			\$
			%

I hereby affirm that the information on this and the two previous pages are accurate to the best of my knowledge and that it will be used in the retirement planning software.

Client _____ Date _____

Client _____ Date _____

Witness _____ Date _____

Information gathered on this financial inventory is to be used for general overview purposes only. Fixed-only licensed agents may not suggest the purchase of an insurance product based on the sale or liquidation of securities products. Proper registered representative registrations are required for such recommendations and sales.