Retirement Lifestyle Plan
Retired

Personal Information

	Client (C)	Co-Client (Co)
Name		
Gender	Male Female	Male Female
Date of Birth	/ /	/ /
Email Address		
Other Income (non-investment only)	$	$
Marital Status		State of Residence

Important Relationships

Children, grandchildren or any participant included in this plan.

Name	Date of Birth	Relationship
	/ /	
	/ /	
	/ /	

Retirement Living Expenses

Enter two amounts:	After Tax Amount
Need: day-to-day living expenses (e.g., food, clothes, utilities, etc.)	$
Want: discretionary expenses (e.g., travel, gifts, etc.)	$

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

Retirement Income

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

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

Investment Type	Client		Co-Client	
	Current Value	Annual Additions	Current Value	Annual Additions
Retirement Plans (e.g., 401k, 403b)	$	$ or %	$	$ or %
Employer Match	$	$ or %	$	$ or %
Traditional IRA	$	$	$	$
Roth IRA	$	$	$	$
529 Savings Plan	$	$	$	$
Annuities	$	$	$	$
HSA	$	$	$	$
Taxable / Brokerage	$	$	$	$
Other	$	$	$	$

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?

Client	Co-Client