

The information collected in this workbook will be kept confidential and is useful in helping to determine your Retirement Income Gap.

Personal Information			
Name	Date of Birth	Phone	Retirement Age
Client			
Spouse			

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Ехр	ense Type	Essential Expenses	Discretionary Expenses	Total Expenses	Exp	ense Type	Essential Expenses	Discretionary Expenses	Total Expenses
HOUSING	Mortgage/ Rent/Fees	\$	\$	\$	INSURANCE	Life Insurance	\$	\$	\$
	Taxes	\$	\$	\$		LTC Insurance	\$	\$	\$
	Electric	\$	\$	\$		Disability Insurance	\$	\$	\$
	Gas	\$	\$	\$	RECREATION	Entertainment	\$	\$	\$
	Fuel	\$	\$	\$	RECRE	Travel	\$	\$	\$
	Wi-Fi	\$	\$	\$		Habits	\$	\$	\$
	Maintenance	\$	\$	\$		Hobbies	\$	\$	\$
	Repairs	\$	\$	\$	- CARE	Clothing	\$	\$	\$
FOOD	Groceries	\$	\$	\$	OTHER TAXES GIFTS INVESTMENTS PERSONAL CARE	Grooming	\$	\$	\$
	Dine Out	\$	\$	\$		Gym Membership	\$	\$	\$
	Delivery	\$	\$	\$		Mutual Funds/ Annuities	\$	\$	\$
ALION	Fuel	\$	\$	\$		Small Biz	\$	\$	\$
TRANSPORTATION	Car Insurance	\$	\$	\$		Real Estate	\$	\$	\$
IRA	Loan/Lease	\$	\$	\$		Presents	\$	\$	\$
	Maintenance	\$	\$	\$		Donations	\$	\$	\$
	Repairs	\$	\$	\$		Federal	\$	\$	\$
HCARE	Health Ins Premiums	\$	\$	\$		State	\$	\$	\$
HEALTHCARE	Co-Pays & Deductibles	\$	\$	\$		Licenses	\$	\$	\$
	Drugs & Supplies	\$	\$	\$			\$	\$	\$
							\$	\$	\$
Тс	otal Essential	Monthly F	Retirement Ex	rpenses			\$		
Total Discretionary Monthly Retirement Expenses					\$				
	otal Monthly	•	•	•					

Sources of Income Source Self **Spouse** SOCIAL SECURITY Retirement Benefit \$ \$ \$ \$ \$ Disability Benefit \$ \$ \$ PENSION BENEFIT \$ \$ Pension Payment \$ \$ ANNUITY INCOME Lifetime Income Payment \$ \$ \$ \$ RENTAL INCOME Property A \$ \$ \$ Property B \$ \$ \$ ROYALTY INCOME Royalty Income \$ \$ \$ Royalty Income \$ OTHER INCOME \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Monthly Income \$ \$ **Total Monthly Retirement Income** \$

ln	Investments and Savings					
Ac	counts	Account Name or Description	Total Asset Value			
QUALIFIED	Employer Sponsored Retirement Plans		\$			
	for example: 401(k), 403(b), 457		\$			
	Rollover IRA		\$			
			\$			
	Traditional IRA		\$			
			\$			
	Roth IRA		\$			
			\$			
	SEP - IRA		\$			
			\$			
	Deferred Annuities		\$			
			\$			
	Cash Value - Life Insurance		\$			
			\$			
IFIED	Checking		\$			
NON-QUALIFIED			\$			
NON	Savings		\$			
			\$			
	CD		\$			
			\$			
	Brokerage Account		\$			
			\$			
	Real Estate		\$			
			\$			
	Other		\$			
			\$			
			\$			
To	otal Assets		\$			

Summary

Total Monthly Retirement Income	\$
Monthly Retirement Essential Expenses	\$
Monthly Retirement Lifestyle Expenses	\$
Total Monthly Retirement Expenses	\$

Monthly Retirement Essential Expenses Income Gap or Surplus	
Monthly Retirement Lifestyle Expenses	
Income Gap or Surplus	
Total Monthly Retirement Income	
•	
Gap or Surplus	