Your Retirement
LIFESTYLE PLAN

MoneyGuidePro®

Personal Information

	Client (C)				Co-Client (Co)			
Name								
Date of Birth	/ /		Gender	M F	/ /		Gender	M F
Employment Income	$		or	Retired	$		or	Retired
Marital Status			State of Residence					

Children and Grandchildren (or any other Participant included in this plan)

Name	Date of Birth	Relationship
	/ / age:	
	/ / age:	

Expectations & Concerns - What do you most look forward to? What concerns you? Select what applies to you.

Retirement Expectations	At Retirement			Retirement Concerns	At Retirement			Degree
	C	Co	Both		C	Co	Both	High/Med/Low
Active Lifestyle				**Money Concerns**				
Quiet Lifestyle				Not having a paycheck				
Opportunity to Help Others				Running out of money				
Moving to a New Home				Suffering investment losses				
Work by Choice				Leaving money to others				
Time to Travel				**Health Concerns**				
Start a Business				Cost of health care or long-term care				
Time with Friends & Family				Current or future health issues				
Less Stress - Peace of Mind				Dying early				
				Living too long				
				Getting ill				
				Personal & Family Concerns				
				Being bored				
				Parents needing care				
				Something Else/Other Concerns				

Top Five Concerns in Retirement: 1. Running out of Money. 2. Cost of health care or long-term care. 3. Suffering investment losses. 4. Current or future health issues. 5. Not having a paycheck anymore.

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)		Co-Client (e.g., age 65, together)		Use My Estimate $_____
At what age would you like to retire?					Use Program Estimate*
How willing are you to retire later?	Not at All Somewhat	Slightly Very	Not at All Somewhat	Slightly Very	

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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				Target Amount	How Often	How Many Times
		Year	At Retirement					
			C	Co	Both			
						$		
						$		
						$		
						$		
						$		
						$		

Social Security Benefits

	Client			Co-Client		
Are you eligible?	Yes	No	Receiving Now	Yes	No	Receiving Now
Amount of benefit	$		Use Program Estimate	$		Use Program Estimate
	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 Amount	Starts	Ends	Inflates?	% Survivor (Pension Only)
	C	Co					
			$				%
			$				%

Investment Assets   Estimate of overall allocation: Cash _____% Bond _____% Stock _____%

Description	Client		Co-Client	
	Value	Annual Additions	Value	Annual Additions
Total Employer Retirement Plan	$	$	$	$
Description	Client		Co-Client	
	Value	Annual Additions	Value	Annual Additions
Total Traditional IRA	$	$	$	$
Total Roth IRA	$	$	$	$
Total Tax-Deferred	$	$	$	$

Joint Assets	Joint Assets	Annual Additions	Joint Assets	Value	Annual Additions
Total Taxable	$	$	Total Tax-Free	$	$

Extra Savings

Enter the maximum extra (additional) amount you could save each year:	$	How willing are you to save more?	Somewhat	Slightly Very

Life Insurance *- have your insurance reviewed and analyzed to see if you have enough coverage.*

	Client	Co-Client	Notes (e.g., premiums, beneficiaries)
Group/Term Life Insurance	Yes No	Yes No	
Death Benefit	$	$	
Cash Life Insurance	Yes No	Yes No	
Death Benefit	$	$	
Cash Value	$	$	

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?

Household	Client	Co-Client

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?		Household			Men			Women		
	Age Group	> 64	50-64	< 50	> 64	50-64	< 50	> 64	50-64	< 50
	Avg Score	47	50	54	50	54	59	45	48	52

Notes

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