

# RETIREMENT INCOME PROJECTIONS REVIEW

Please identify your retirement targets in the spaces below.

Retirement Scenarios						
Spending						
	Less		Base Facts		More	
<input type="checkbox"/> Annual Retirement Spending	\$		\$		\$	
Do you need your RMD for living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Savings						
<input type="checkbox"/> Annual Retirement Account Saving	\$		\$		\$	
<input type="checkbox"/> Annual Non-Retirement Savings	\$		\$		\$	
Market Assumptions						
	Conservative		Base Facts		Aggressive	
<input type="checkbox"/> Pre-Retirement Portfolio Return	%		%		%	
<input type="checkbox"/> Pre-Retirement Inflation	%		%		%	
<input type="checkbox"/> Post-Retirement Portfolio Return	%		%		%	
<input type="checkbox"/> Post-Retirement Inflation	%		%		%	
Legacy Goals						
	Conservative		Base Facts		Aggressive	
<input type="checkbox"/> Family Inheritance	\$		\$		\$	
<input type="checkbox"/> College Funding	\$		\$		\$	
<input type="checkbox"/> Charitable Giving	\$		\$		\$	
Retirement Timing						
	Early		Base Fact		Later	
	Client	Partner	Client	Partner	Client	Partner
Retirement Age	year	year	year	year	year	year
Social Security	year	year	year	year	year	year
Life Expectancy	\$ year	\$ year	\$ year	\$ year	\$ year	\$ year
What Ifs						
	Worst Case		Base Facts		Best Case	
<input type="checkbox"/> Long-Term Care	Client	Partner	Client	Partner	Client	Partner
Annual Amount	\$	\$	\$	\$	\$	\$
Number of Years						
<input type="checkbox"/> Elderly Loved One Care						
Annual Amount	\$	\$	\$	\$	\$	\$
Number of Years						
<input type="checkbox"/> Returning Child						
Annual Amount	\$	\$	\$	\$	\$	\$
Number of Years						

## RETIREMENT INCOME PROJECTIONS REVIEW

Retirement Purchase Goals						
Type	Amount	Financing?	Net Cash Flow	Annual Amount	Start Year	Stop Year
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income <input type="checkbox"/> Expense	\$		
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income <input type="checkbox"/> Expense	\$		
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income <input type="checkbox"/> Expense	\$		
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Income <input type="checkbox"/> Expense	\$		

Final Expenses	
Client	\$
Partner	\$

Do you have disability insurance? ☐ Yes ☐ No

Do you want us to model disability? ☐ Yes ☐ No

Do you expect to cover parent's Long-Term Care? ☐ Yes ☐ No

If yes, what's the monthly cost? \$ \_\_\_\_\_

Do you have Social Security? ☐ Yes ☐ No

*If yes, please upload to the vault*

Do you have a pension? ☐ Yes ☐ No

*If yes, please upload to the vault*

### Additional Considerations