

RETIREMENT PLANNING QUESTIONNAIRE

Please identify your retirement targets in the spaces below.

RETIREMENT SCENARIOS						
SPENDING						
	LESS		BASE FACTS		MORE	
<input type="checkbox"/> Annual Retirement Spending	\$		\$		\$	
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"/> Post-Retirement Portfolio Return						
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	
	Person 1	Person 2	Person 1	Person 2	Person 1	Person 2
Retirement Age						
Social Security	year	year	year	year	year	year
Life Expectancy	year	year	year	year	year	year
WHAT IF'S						
	WORST CASE		BASE FACTS		BEST CASE	
<input type="checkbox"/> Long-Term Care	Person 1	Person 2	Person 1	Person 2	Person 1	Person 2
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 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						
Person 1		\$				
Person 2		\$				

Do you have disability insurance? ☐ Yes ☐ No

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

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