

## RETIREMENT: ARE YOU READY?

**NAME:**

**DATE:**

### VISION & GOALS

1. What do you plan to do in retirement? (check all that apply)

- Keep doing what I am doing
- Travel
- Start a new career
- Get in shape/stay in shape
- Hobbies
- Volunteer
- Other:
- Other:

2. What expenses do you anticipate? (check all that apply)

- Healthcare
- Traveling
- Wedding
- Making charitable donations
- College Funding for my children/grandchildren
- Home Improvements
- New Home/Vacation Home
- Other:
- Other:
- 

3. In regards to my heirs, I would like to:

- Spend my assets to the fullest extent without concern for my heirs
- Plan to maximize all that I can to my heirs and live frugally
- I am looking for something in between

4. My Short-Term goals are:

5. My Long-Term goals are:

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**402-873-0530 // 1720 S 11th St // Nebraska City, NE 68410**

**402-397-1900 // 17445 Arbor St, Ste 210 // Omaha, NE 68130**

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**BUDGET, INCOME, & SAVINGS**

1. Have you created a budget that contains both essential and nonessential expenses?

- Yes
- No

2. How do you plan to fund your retirement?

Income Source	Monthly Amount	Annual Amount	Notes
<input type="radio"/> Social Security	\$	\$	
<input type="radio"/> Pension	\$	\$	
<input type="radio"/> Investment Portfolio	\$	\$	
<input type="radio"/> Part-Time Work	\$	\$	
<input type="radio"/> Real Estate	\$	\$	
<input type="radio"/> Other	\$	\$	

3. Do you have an emergency savings?

- Yes Amount: \$
- No

4. Are you still contributing to an emergency savings?

- Yes Amount: \$
- No

5. Have you created a bucketing plan?

- Yes
- No

Example:

Savings Bucket	Amount	When Needed	Savings
New Car	\$25,000	April 2022	\$400 per month
Christmas each year	\$3,000	December 2018	\$250 per month
Medical Deductible	\$6,300		
Trips	\$5,500		

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**INSURANCE**

1. Are you eligible for Medicare?

- Yes
- No

A. If yes, have you chosen a Medicare supplement?

- Yes  No
- Type

B. If no, what are you plans for health insurance?

- Private Pay
- Employer provided insurance
- Other (health insurance continued) :

2. Do you have Long Term Care Insurance?

- Yes  No
- Daily Benefit: \$  
Maximum Benefit: \$  
Elimination Period: Days:  
Benefit Period: Years:

If **no**, would you consider purchasing Long-Term Care Insurance?

- Yes
- No

3. Do you have Life Insurance?

- Yes  No
- Amount \$

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**ESTATE PLANNING**

1. Have you prepared and/or reviewed these documents? Are they updated?

- |  |       |
|--|-------|
| <input type="radio"/> Will                     | Date: |
| <input type="radio"/> Power of Attorney        | Date: |
| <input type="radio"/> Executor                 | Date: |
| <input type="radio"/> Trust                    | Date: |
| <input type="radio"/> Living Will/POA          | Date: |
| <input type="radio"/> Guardian                 | Date: |
| <input type="radio"/> Beneficiary Designations | Date: |
| <input type="radio"/> Burial Arrangements      | Date: |

2. Have you reviewed your wishes with your family?

- Yes
- No

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