

## RETIREMENT: ARE YOU READY?

**Name:**

**Date:**

### VISION & GOALS

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

<input type="checkbox"/>	Keep doing what I am doing	<input type="checkbox"/>	Hobbies
<input type="checkbox"/>	Travel	<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Start a new career	Other	
<input type="checkbox"/>	Get in shape/stay in shape	Other	

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

<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Home Improvements
<input type="checkbox"/>	Traveling	<input type="checkbox"/>	New Home/Vacation Home
<input type="checkbox"/>	Wedding	Other	
<input type="checkbox"/>	Making charitable donations	Other	
<input type="checkbox"/>	College Funding for my children/grandchildren	Other	

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

<input type="checkbox"/>	Spend my assets to the fullest extent without concern for my heirs
<input type="checkbox"/>	Plan to maximize all that I can to my heirs and live frugally
<input type="checkbox"/>	I am looking for something in between

4. My Short-Term goals are:

5. My Long-Term goals are:

**Kiel VanderVeen, CFP®**  
**Cole Sharp, CFP®**  
**Adam Howard, Financial Advisor**

**bpfinancialplanning.com · 402-873-0530**  
**1720 S 11TH ST**  
**NEBRASKA CITY, NE 68410**

## RETIREMENT: ARE YOU READY?

### BUDGET, INCOME, & SAVINGS

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

	Yes
	No

7. How do you plan to fund your retirement?

	Income Source	Monthly Amount	Annual Amount	Notes
	Social Security	\$	\$	
	Pension	\$	\$	
	Investment Portfolio		\$	
	Part-Time Work	\$	\$	
	Real Estate	\$	\$	
	Other	\$	\$	

8. Do you have an emergency savings?

	Yes	Amount	\$
	No		

9. Are you still contributing to an emergency savings?

	Yes	Amount	\$
	No		

10. Have you created a bucketing plan?

	<b>Yes</b>
	No

Example

Savings Bucket	Amount	When Needed	Savings
New Car	\$25,000	April 2022	\$400 per month
Christmas each year	\$3,000	Every Year	\$250 per month
Medical Deductible	\$6,300	Every Year	\$425 per month
Trips	\$6,000	Every 2 years	\$250 per month

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### INSURANCE

11. Are you eligible for Medicare?

	Yes
	No

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

	Yes	Type	
	No		

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

	<b>Private Pay</b>
	Employer provided insurance
	Other

12. Do you have Long Term Care Insurance?

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

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

	Yes
	No

13. Do you have Life Insurance?

	Yes	Amount	\$
	No		

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## RETIREMENT: ARE YOU READY?

### ESTATE PLANNING

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

	<b>Document</b>	<b>Date (Month/Year)</b>
	Will	
	Power of Attorney	
	Executor	
	Trust	
	Living Will/POA	
	Guardian	
	Beneficiary Designations	
	Burial Arrangements	

15. Have you reviewed your wishes with your family?

	Yes
	No

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