

**RETIREMENT: ARE YOU READY?**

**NAME:**

**DATE:**

**VISION & GOALS**

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

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

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

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

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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**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 Type  No

B. If no, what are your 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 Amount \$  No

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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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