

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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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
 - No
- Amount: \$

4. Are you still contributing to an emergency savings?

- Yes
 - No
- Amount: \$

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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