

# GOAL PLANNING & MONITORING GOALS AND RESOURCES

## PERSONAL INFORMATION

|                                                                                   | Client (C)                                     |                                    | Co-Client (Co)                                 |                                    |
|-----------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|------------------------------------------------|------------------------------------|
| <b>Name</b>                                                                       |                                                |                                    |                                                |                                    |
| <b>Date of birth</b>                                                              | / /                                            |                                    | / /                                            |                                    |
| <b>Employment status</b>                                                          | <input type="checkbox"/> Employed              | <input type="checkbox"/> Retired   | <input type="checkbox"/> Employed              | <input type="checkbox"/> Retired   |
|                                                                                   | <input type="checkbox"/> Business owner        | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Business owner        | <input type="checkbox"/> Homemaker |
|                                                                                   | <input type="checkbox"/> Presently not working |                                    | <input type="checkbox"/> Presently not working |                                    |
| <b>Employment income</b>                                                          | \$                                             |                                    | \$                                             |                                    |
| <b>Other income (non-investment only)</b>                                         | \$                                             |                                    | \$                                             |                                    |
| <b>Desired retirement age</b>                                                     |                                                |                                    |                                                |                                    |
| <b>How willing are you to retire later if it may help you achieve your goals?</b> | <input type="checkbox"/> Not at all            | <input type="checkbox"/> Somewhat  | <input type="checkbox"/> Not at all            | <input type="checkbox"/> Somewhat  |
|                                                                                   | <input type="checkbox"/> Part-time work        | <input type="checkbox"/> Very      | <input type="checkbox"/> Part-time work        | <input type="checkbox"/> Very      |
| <b>Based on your health and family history, how long do you expect to live?</b>   | Age:                                           | Use estimate                       | Age:                                           | Use estimate                       |

## ESSENTIAL LIVING EXPENSES IN RETIREMENT

The amount required to cover your essential needs (e.g., housing, utilities, food, transportation, property taxes, etc.)

### Approximately how much will you need to meet your essential living expenses in retirement?

\$ \_\_\_\_\_ / month year I'm not sure. Use an estimate for now.

### If one spouse retires before the other, will withdrawals from savings be needed to meet expenses?

Yes \$ \_\_\_\_\_ / month year No

### Will you have employer-sponsored healthcare in retirement? Yes No

## DESIRED SPENDING GOALS

Think about some of the ideal ways you would like to spend your money either prior to or during retirement and list them below. Examples might be travel, gifting, luxury items, home remodel, new car, etc.

| Name & Description of Goal | Importance |      | When Will Goal Start |                          |                          | Dollar Amount            | How Often |    |
|----------------------------|------------|------|----------------------|--------------------------|--------------------------|--------------------------|-----------|----|
|                            | Low        | High | Start Year           | At Retirement            |                          |                          |           |    |
|                            |            |      |                      | 1 ↔ 10                   | C                        |                          |           | Co |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |
|                            |            |      |                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$        |    |

**SOCIAL SECURITY RETIREMENT BENEFITS**

To obtain an estimate of your Social Security benefits go to [ssa.gov/myaccount/](https://ssa.gov/myaccount/)

|                                        | Client (C)                                               |                                          | Co-Client (Co)                                           |                                          |
|----------------------------------------|----------------------------------------------------------|------------------------------------------|----------------------------------------------------------|------------------------------------------|
| <b>Are you eligible?</b>               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Receiving now   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Receiving now   |
| <b>Benefit amount (PIA)</b>            | \$                                                       | <input type="checkbox"/> Use an estimate | \$                                                       | <input type="checkbox"/> Use an estimate |
| <b>When will you start collecting?</b> | <input type="checkbox"/> When I retire                   | <input type="checkbox"/> At age _____    | <input type="checkbox"/> When I retire                   | <input type="checkbox"/> At age _____    |

**RETIREMENT INCOME SOURCES**

List any pensions, rental income, part-time work, etc.

| Description | Recipient                |                          | Amount | Starts | Ends | Inflation Adjustment | Survivor Pension % |
|-------------|--------------------------|--------------------------|--------|--------|------|----------------------|--------------------|
|             | C                        | Co                       |        |        |      |                      |                    |
|             | <input type="checkbox"/> | <input type="checkbox"/> | \$     |        |      | %                    | %                  |
|             | <input type="checkbox"/> | <input type="checkbox"/> | \$     |        |      | %                    | %                  |
|             | <input type="checkbox"/> | <input type="checkbox"/> | \$     |        |      | %                    | %                  |
|             | <input type="checkbox"/> | <input type="checkbox"/> | \$     |        |      | %                    | %                  |

**INVESTMENT ASSETS & SAVINGS**

List any investment assets held outside of Raymond James. Include employer retirement plans, IRAs, brokerage accounts, etc.

| Account Description<br>Include account type and where it is held | Client        |                  | Co-Client     |                  |
|------------------------------------------------------------------|---------------|------------------|---------------|------------------|
|                                                                  | Current Value | Annual Additions | Current Value | Annual Additions |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |
|                                                                  | \$            | \$               | \$            | \$               |

**OTHER ASSETS**

Please list any other assets (nonfinancial) such as home, business, collectibles, investment properties, etc.

| Asset Description | Owner | Current Value |
|-------------------|-------|---------------|
|                   |       | \$            |
|                   |       | \$            |
|                   |       | \$            |
|                   |       | \$            |

**RISK TOLERANCE**

On a scale of 1 to 100 (1=lowest, 100=highest), how would you rate your willingness to take risk with your investments?

Client \_\_\_\_\_

Co-Client \_\_\_\_\_



# IMPORTANT FINANCIAL DOCUMENTS CHECKLIST



**When you meet with us you can bring any of the below documents that apply and you would like us to review.**

## Retirement Planning Documents

- Recent IRA, 401(k), 403(b), or other retirement plan statements.
- Employee benefits program
- Deferred compensation and stock option agreements
- Pension and profit sharing statements
- Social Security Statements

## Tax Planning Documents

- Tax returns for last year
- W-2 and a recent pay stub
- Estimated taxes

## Financial Documents

- Savings account statements
- Mutual fund statements
- Brokerage account statements (*Not statements for RJFS accounts housed by us*)
- Investment documents
- Loan documents
- List of stocks held outside of brokerages
- Partnership agreements

## Asset Protection Documents

- Life insurance policies and statements
- Disability, umbrella, and long term care insurance policies
- Annuity policies and statements

## Estate Planning Documents

- Summary of your will, living will, durable powers of attorney and health care powers
- Living trusts

(Updates/Amendments only for anything previously given to us.)

**Kiel VanderVeen, CFP®**  
**Cole Sharp, CFP®**

**402-873-0530 // 1720 South 11th Street // Nebraska City, NE 68410**