

Your financial profile

Retirement Income Illustrator
workbook

RETIREMENT PLAN
SERVICES

Workbook

Please enter the requested information on each page. You'll be asked to detail your current and projected assets, liabilities, income and expenses (including your essential and discretionary expenses in retirement). Please be as thorough and specific as you can, completing optional as well as required data fields wherever possible.

CLIENT:

DATE:

Client information

Name	Social Security number	Date of birth	Gender	Tax filing status	Occupation	State of residence
You			<input type="checkbox"/> M <input type="checkbox"/> F			
Your spouse			<input type="checkbox"/> M <input type="checkbox"/> F			
Dependent			<input type="checkbox"/> M <input type="checkbox"/> F			
Dependent			<input type="checkbox"/> M <input type="checkbox"/> F			
Dependent			<input type="checkbox"/> M <input type="checkbox"/> F			
Dependent			<input type="checkbox"/> M <input type="checkbox"/> F			

Assumptions

Name	Retirement age	Life expectancy
You		
Your spouse		

NOTES:

Financial assets

These include employer-sponsored retirement plans [401(k), 403(b)], Individual Retirement Accounts [IRAs], checking and savings accounts, certificates of deposit [CDs], taxable brokerage accounts, 529 plans, annuities, and more.

Please place a check mark in the left column if you've provided a statement.

✓	Account type	Owner (you, your spouse or joint)	Current value	Cost basis	Your annual contributions (\$ or %)	Your employer's annual contributions (\$ or %)	Beneficiary

NOTES:

Other assets

These include primary residence, other real estate, business assets, cars, collectibles, and more.

Please place a check mark in the left column if you've provided a statement.

✓	Type	Current value	Cost basis

NOTES:

Liabilities

These include the mortgage on your home, other real estate, auto loans, or credit card debt.

Please place a check mark in the left column if you've provided a statement.

✓	Type	Financial institution	Outstanding balance	Monthly payment	Interest rate	Payments remaining
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

NOTES:

Sources of income

Pre-retirement income

Owner	Type	Start age	End age	Annual income
You				\$
Your spouse				\$
				\$
				\$

NOTES:

Retirement income (Social Security, pensions, or other income in retirement)

Owner	Type	Start age	End age	Annual income
You				\$
Your spouse				\$
You				\$
Your spouse				\$
				\$
				\$

Expenses

Essential and discretionary, including expenses not already listed under liabilities.

	Type	M (monthly) or A (annual)	Pre-retirement expenses	Retirement expenses	Survivor expenses
Housing	Rent		\$	\$	\$
	Property tax		\$	\$	\$
	Insurance		\$	\$	\$
	Maintenance		\$	\$	\$
	Association fee		\$	\$	\$
Utilities	Electricity/oil/gas		\$	\$	\$
	Water/sewer		\$	\$	\$
	Telephones (home & cell)		\$	\$	\$
	Cable TV/satellite		\$	\$	\$
	Internet		\$	\$	\$
Healthcare	Health insurance		\$	\$	\$
	Annual deductible		\$	\$	\$
	Prescription drugs		\$	\$	\$
	Other		\$	\$	\$
Auto	Insurance		\$	\$	\$
	Fuel		\$	\$	\$
	Maintenance/repair		\$	\$	\$
Misc.	Groceries		\$	\$	\$
	Clothing		\$	\$	\$
	Other:		\$	\$	\$
	Other:		\$	\$	\$
Discretionary	Travel		\$	\$	\$
	Hobbies		\$	\$	\$
	Entertainment		\$	\$	\$
	Dining out		\$	\$	\$
	Club dues		\$	\$	\$
	Recreation		\$	\$	\$
	Other		\$	\$	\$

NOTES:

Life insurance

(Such as term life, whole life, universal life, or variable life)

Please place a check mark in the left column if you've provided a statement.

✓	Policy type	Insured	Beneficiary	Death benefit	Annual premium	Payments remaining	Policy end date

Long-term care insurance

Please place a check mark in the left column if you've provided a statement.

✓	Policy type	Insured	Beneficiary	Death benefit	Annual premium	Payments remaining	Policy end date

NOTES:

Your retirement priorities

Please take a few minutes to consider your vision of retirement. How do you want to spend your time? Do you want to start a business, travel, spend time with your children and grandchildren, or get more involved in community and philanthropic activities? Your thoughts will help match your retirement income strategy with your goals — and the things that are most important to you.

INVESTOR PROFILE (TO BE COMPLETED BY YOUR RETIREMENT PLAN PROFESSIONAL):

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

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