



# Professional Association of Retirement Planners®

**SELF**

**SPOUSE (IF MARRIED)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## GOALS

① \_\_\_\_\_ ③ \_\_\_\_\_

② \_\_\_\_\_ ④ \_\_\_\_\_

## QUESTIONS/CONCERNS FOR THE ADVISOR

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT INCOME

**SELF**

**SPOUSE (IF MARRIED)**

Current Employer \_\_\_\_\_

Current Gross Monthly Salary \_\_\_\_\_

## SOCIAL SECURITY BENEFITS

**OWNER**

**GROSS MONTHLY BENEFIT AT FULL RETIREMENT AGE**

Self \_\_\_\_\_

Spouse \_\_\_\_\_

Self  Spouse  Spousal Benefit \_\_\_\_\_

Self  Spouse  Widow Benefit \_\_\_\_\_

**PENSIONS (FRS, GOVERNMENT OR CORPORATE PENSIONS)**

<b>OWNER</b>	<b>START AGE</b>	<b>MONTHLY BENEFIT</b>	<b>FROM</b>
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Survivor %	_____	_____	_____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Survivor %	_____	_____	_____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Survivor %	_____	_____	_____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Survivor %	_____	_____	_____

**ASSETS - PLEASE LIST ALL YOUR ACCOUNTS**

(Merrill Lynch, Bank of America, Wells Fargo, Chase, Fidelity, etc.)

<b>OWNER</b>	<b>401(k), Checking CD, Money Market, Brokerage</b>	<b>ACCOUNT VALUE</b>	<b>FINANCIAL INSTITUTION</b>	<b>TYPE OF ACCOUNT</b>
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	<input type="checkbox"/> IRA

**TOTAL: \$** \_\_\_\_\_

**ADDITIONAL ASSETS (REAL ESTATE AND PRIVATE LOANS)**

<b>OWNER</b>	<b>TYPE OF ASSETS</b>	<b>LOCATION</b>	<b>DEBT</b>	<b>VALUE/RENTAL INCOME</b>
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	_____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	_____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	_____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	_____
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	_____

**MONTHLY EXPENSES - PLEASE BUILD YOUR RETIREMENT BUDGET AS IF YOU WERE RETIRING TODAY**

	MONTHLY AMOUNT	TODAY	IN RETIREMENT
Mortgage - Principal & Interest			
Real Estate Taxes (Divided monthly)			
Home Owners Insurance (Divided monthly)			
Monthly Association Dues			
Home Equity Loan			
Cell Phones			
Water/Sewer/Gas			
Cable/Internet			
Maintenance & Improvement (1% of value of home)			
House Cleaning/Dry Cleaning			
Food (Groceries Only)			
Dining Out (Sit Down, Takeout & Delivery)			
Shopping (Clothing, Purses, Watches, etc.)			
Personal Care (Hair, Makeup, Shampoo, etc.)			
Health Insurance/Medicare Part B			
Prescriptions/Copays/Vitamins/Supplements			
Life Insurance			
Long term care Insurance			
Animals/Pets (Food, Vet, Wash, etc.)			
Disability Insurance			
Car Payments			
Auto Insurance			
Fuel and Tolls			
Repairs (car wash, oil change, tire change, tag)			
Credit Cards (Total Monthly Payment)			
Tuition - Student Loans			
Child Support			
Alimony			
Parties & Events			
Hobbies			
Membership Dues (Costco, Gym, Netflix, etc.)			
Vacations			
Charitable Donations/ Gifts			
Other			

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**