MoneyGuidePro®

Your Retirement
LIFESTYLE PLAN

Personal Information

	Client (C)		Co-Client (Co)	
Name				
Date of Birth	/ /	Gender ☐ M ☐ F	/ /	Gender ☐ M ☐ F
Employment Income	$ or ☐ Retired		$ or ☐ Retired	
Marital Status		State of Residence		

Children and Grandchildren (or any other Participant included in this plan)

Name	Date of Birth	Relationship
	/ / age:	
	/ / age:	

Expectations & Concerns - What do you most look forward to? What concerns you? Select what applies to you?

Retirement Expectations	At Retirement			Retirement Concerns	At Retirement			Degree
	C	Co	Both		C	Co	Both	High/Med/Low
Active Lifestyle	☐	☐	☐	**Money Concerns**				
Quiet Lifestyle	☐	☐	☐	Not having a paycheck	☐	☐	☐	
Opportunity to Help Others	☐	☐	☐	Running out of money	☐	☐	☐	
Moving to a New Home	☐	☐	☐	Suffering investment losses	☐	☐	☐	
Work by Choice	☐	☐	☐	Leaving money to others	☐	☐	☐	
Time to Travel	☐	☐	☐	**Health Concerns**				
Start a Business	☐	☐	☐	Cost of health care or long-term care	☐	☐	☐	
Time with Friends & Family	☐	☐	☐	Current or future health issues	☐	☐	☐	
Less Stress - Peace of Mind	☐	☐	☐	Dying early	☐	☐	☐	
	☐	☐	☐	Living too long	☐	☐	☐	
	☐	☐	☐	Getting ill	☐	☐	☐	
	☐	☐	☐	**Personal & Family Concerns**				
	☐	☐	☐	Being bored	☐	☐	☐	
	☐	☐	☐	Parents needing care	☐	☐	☐	
	☐	☐	☐	**Something Else/Other Concerns**				
	☐	☐	☐		☐	☐	☐	

Top Five Concerns in Retirement: 1. Running out Money. 2. Cost of health care or long-term car. 3. Suffering investment losses. 4. Current or future health issues. 5. Not having a paycheck anymore.

Retirement Age and Living Expense

When would you like to retire? Enter your Target Retirement Age. Then, indicate how willing you are to delay retirement beyond that age, if it helps you fund your Goals. Then, indicate your living expense amount.

	Client (e.g., age 65)	Co-Client (e.g., age 65, together)	☐ Use My Estimate $_____
At what age would you like to retire?			☐ Use Program Estimate*
How willing are you to retire later?	☐ Not at All ☐ Slightly ☐ Somewhat ☐ Very	☐ Not at All ☐ Slightly ☐ Somewhat ☐ Very	

Lifestyle Goals 💬

Lifestyle Goals are above and beyond what you need to pay for basic expenses. Rate the importance
of each Goal on a scale of 10 ↔ 1. Needs (10, 9, 8), Wants (7, 6, 5, 4), and Wishes (3, 2, 1).

Most Common Goals		Other Goals		
Travel	College	Wedding	New Home	Celebration
Car	Home Improvement	Major Purchase	Start Business	Provide Care
Health Care	Gift or Donation	Leave Bequest	Private School	Other

Importance High Low 10 ↔ 1	Description	Start Year	At Retirement C	At Retirement Co	At Retirement Both	Target Amount	How Often	How Many Times
			☐	☐	☐	$		
			☐	☐	☐	$		
			☐	☐	☐	$		
			☐	☐	☐	$		
			☐	☐	☐	$		
			☐	☐	☐	$		

Social Security Benefits

	Client	Co-Client
Are you eligible?	☐ Yes ☐ No ☐ Receiving Now	☐ Yes ☐ No ☐ Receiving Now
Amount of benefit	$ _____ ☐ Use Program Estimate ☐ Primary Insurance Amount (PIA) $ _____	$ _____ ☐ Use Program Estimate ☐ Primary Insurance Amount (PIA) $ _____
When to start	☐ at Full Retirement Age (per Social Security) ☐ at age _____ ☐ at retirement	☐ at Full Retirement Age (per Social Security) ☐ at age _____ ☐ at retirement

Retirement Income 💬 (pension, part-time work, rental property, annuities, royalties, alimony)

Description	Owner C	Owner Co	Monthly Amount	Starts	Ends	Inflates?	% Survivor (Pension Only)
	☐	☐	$			☐	%
	☐	☐	$			☐	%

Investment Assets

Estimate of overall allocation: Cash _____% Bond _____% Stock _____%

Description	Client Value	Client Annual Additions	Co-Client Value	Co-Client Annual Additions
Total Employer Retirement Plan	$	$	$	$

Description	Client Value	Client Annual Additions	Co-Client Value	Co-Client Annual Additions
Total Traditional IRA				
Total Roth IRA	$	$	$	$
Total Tax-Deferred	$	$	$	$

Joint Assets	Joint Assets	Annual Additions	Joint Assets	Value	Annual Additions
Total Taxable	$	$	Total Tax-Free	$	$

Extra Savings

Enter the maximum extra (additional) amount you could save each year:	$	How willing are you to save more?	☐ Somewhat	☐ Slightly ☐ Very

Life Insurance *- have your insurance reviewed and analyzed to see if you have enough coverage.*

	Client	Co-Client	Notes (e.g., premiums, beneficiaries)
Group/Term Life Insurance	☐ Yes ☐ No	☐ Yes ☐ No	
Death Benefit	$	$	
Cash Life Insurance	☐ Yes ☐ No	☐ Yes ☐ No	
Death Benefit	$	$	
Cash Value	$	$	

Risk Score

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Household	Client	Co-Client

	Household			Men			Women		
Age Group	> 64	50-64	< 50	> 64	50-64	< 50	> 64	50-64	< 50
Avg Score	47	50	54	50	54	59	45	48	52

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

Notes

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