

GOAL PLANNING & MONITORING GOALS AND RESOURCES

PERSONAL INFORMATION

	Client (C)		Co-Client (Co)	
Name				
Date of Birth	/ /		/ /	
Employment Status	Employed	Retired	Employed	Retired
	Business Owner	Homemaker	Business Owner	Homemaker
	Presently Not Working		Presently Not Working	
Employment Income	\$		\$	
Other Income (non-investment only)	\$		\$	
Desired retirement age				
How willing are you to retire later if it may help you achieve your goals?	Not at All	Somewhat	Not at All	Somewhat
	Part-time work	Very	Part-time work	Very
Based on your health and family history, how long do you expect to live?	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.

	Importance		When Will Goal Start					
Name & Description of Goal	Low 1	High 10	Start Year	At Retirement			Dollar Amount	How Often
				C	Co	Both		
				☐	☐	☐	\$	
				☐	☐	☐	\$	
				☐	☐	☐	\$	
				☐	☐	☐	\$	
				☐	☐	☐	\$	
				☐	☐	☐	\$	
				☐	☐	☐	\$	
				☐	☐	☐	\$	
				☐	☐	☐	\$	
				☐	☐	☐	\$	

SOCIAL SECURITY RETIREMENT BENEFITS

To obtain an estimate of your Social Security benefits, go to ssa.gov/myaccount/

	Client (C)			Co-Client (Co)		
Are you eligible?	Yes	No	Receiving Now	Yes	No	Receiving Now
Benefit Amount (PIA)	\$		Use an Estimate	\$		Use an Estimate
When will you start collecting?	When I Retire		At Age _____	When I Retire		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					
	☐	☐	\$			%	%
	☐	☐	\$			%	%
	☐	☐	\$			%	%
	☐	☐	\$			%	%

INVESTMENT ASSETS & SAVINGS

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

Account Description 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 _____

For our next meeting, please bring the following items:

- Social Security statement(s)

► Employer Retirement Plan statement(s)
- Investment / Brokerage / Bank statement(s)

► Insurance Policies

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