

GOAL PLANNING & MONITORING GOALS AND RESOURCES

PERSONAL INFORMATION

	Client (C)		Co-Client (Co)	
Name				
Date of birth	/ /		/ /	
Employment status	<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	
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?	<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
Based on your health and family history, how long do you expect to live?	Age:	<input type="checkbox"/> Use Estimate	Age:	<input type="checkbox"/> 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			Both
				<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"/>	\$	
				<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/.

	Client (C)		Co-Client (Co)	
Are you eligible?	<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
Benefit Amount (PIA)	\$	<input type="checkbox"/> Use an Estimate	\$	<input type="checkbox"/> Use an Estimate
When will you start collecting?	<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 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)
- ▶ Investment / brokerage / bank statement(s)
- ▶ Employer retirement plan statement(s)
- ▶ Insurance policies

RAYMOND JAMES®

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