Ultimate Retirement Starter Kit



Retirement Financial Profile

Checklist of documents Last year's tax return All IRA and retirement statements All brokerage firm statements Copies of wills and trusts All annuity, life and long term care policies Social Security Benefit Statement Your Name: Spouse's Name: Birthdate: Birthdate: RMD Year: RMD Year: Age: Age: Address: Address: Phone: Phone: Email: Email: Occupation: Occupation: Employer: Employer: Financial Advisor's Name: Phone: CPA Name: Phone: Phone: Attorney Name: Children's Names Age 1. 2. 3. 4.

MONETARY & INVESTMENT ASSETS

	Other
and	Cash value of life insurance
able Accounts	Money loaned to others
cking account	
ings account	Total monetary/investment assets
kerage accounts	
ner	FIXED ASSETS
c-deferred accounts	Home and property
ployer retirement accounts	Other real estate investments
s	
uities	Automobiles
er	Personal property
-exempt accounts	Interest in small business
ployer retirement plans	Total fixed assets
h IRAs	
ege savings plans	TOTAL ASSETS
her	Add monetary, investment & fixed assets

LIABILITIES

Unpaid Bills	Installment Loans
Taxes	Mortgage loans
Insurance premiums	Automobile loans
Rent	Bank loan
Utilities	Credit cards
Charge accounts	Educational loans
Other	Other
	TOTAL LIABILITIES

TOTAL NET WORTH	
Subtract liabilities from assets	



GROSS MONTHLY INCOME

	You	Spouse		You	Spouse
Wages			Rental Income		
Social Security			Annuity Income		
Pension			Other		

TOTAL COMBINED INCOME

MONTHLY PORTFOLIO WITHDRAWALS

Traditional IRA withdrawals 401(k), 403(b), 457 withdrawals Roth IRA withdrawals Brokerage account withdrawals Checking/ savings withdrawals Other

MONTHLY PORTFOLIO CONTRIBUTIONS

Traditional IRA withdrawals	
401(k), 403(b), 457 withdrawals	
Roth IRA withdrawals	
Brokerage account withdrawals	
Checking/ savings withdrawals	
Other	



DETAILED MONTHLY BUDGET

Home Expenses	Transportation
Mortgage	Vehicle payments
Real estate taxes	Fuel
Electricity	Tolls
Gas / oil	Repairs
Water / sewer / trash	Registration / license
Cell phone	Other
Cable / satelite	Insurance
Internet	Auto
Lawn/garden	Health
Maintenance	Home / rental
Improvements	Life insurance
Other	Personal umbrella
Daily Living	Other
Groceries	Health
Personal supplies	Doctor / Dentist
Clothing	Medicine / Rx
Cleaning services	Healthh club dues
Dining / eating out	Other
Travel	Professional services
Dry cleaning	Accounting
Salon / personal care	Legal
Other	Financial advisory
Entertainment	Other
Recreation	
Travel	
Hobbies	TOTAL MONTHLY EXPENSES
Memberships	TOTAL ANNUAL EXPENSES
Other	Multiply monthly expenses by 12
Charity / Gifts	
Tax deductible gifts	RETIREMENT ANNUAL EXPENSES
Personal gifts	If different from above
Other	