



Retirement Inventory

Retirement Happens....Are You Ready?

Use this planner on your own or with your advisor to gather all of your important retirement data and information. It's the foundation of determining your retirement readiness.

YOUR NAME:		DATE:
YOUR AGE:	AGE AT RETIREMENT?:	

RETIRMENT GOALS/PLANS:

Put a checkmark next to your top goals:

- | | | |
|---|--|---|
| <input type="checkbox"/> Work part time | <input type="checkbox"/> Start a Business | <input type="checkbox"/> Work full time |
| <input type="checkbox"/> Time with family | <input type="checkbox"/> Pursue a hobby | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Relax | <input type="checkbox"/> Buy a second home | <input type="checkbox"/> Volunteer |

Other: _____

CURRENT CASH FLOW:

Monthly income from working: \$ _____

Other monthly income: \$ _____

Monthly expenses: \$ _____

Net Surplus/Deficit: \$ _____

REAL ESTATE:

Primary Residence: Value: \$ _____ Mortgage Balance: \$ _____

Other Property: Value(s): \$ _____ Mortgage Balance(s): \$ _____

Do you expect to sell or live in your primary residence at retirement? _____

NET WORTH SUMMARY

ASSETS:

Savings & Investments: \$ _____

Emergency Savings: \$ _____

College Savings: \$ _____

Non-financial assets (home, cars, insurance): \$ _____

LIABILITIES:

<u>Current balance</u>	<u>Paid Off Prior to Retirement?</u>
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Mortgages(s): \$ _____	Yes _____ No _____
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Auto(s) and education loans: \$ _____	Yes _____ No _____
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Credit card debt: \$ _____	Yes _____ No _____
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Other debt: \$ _____	Yes _____ No _____
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NET WORTH: ASSETS – LIABILITIES: \$ _____ (surplus/deficit)



NET WORTH DETAILS BY TAX TREATMENT

Are your savings allocated in the 4 tax buckets properly?

1. Taxable: (Bank accounts, stocks, mutual funds) \$ _____ Monthly Contribution \$ _____

2. Tax Deferred (401K/IRA): Current Balance \$ _____ Monthly Contribution \$ _____

3. Tax Free (Roth/IUL): Current Balance \$ _____ Monthly Contribution \$ _____

4. Health Savings Account: Current Balance \$ _____ Monthly Contribution \$ _____

Total Amount: \$ _____

Total Amount you expect to have at retirement? \$ _____



GUARANTEED INCOME SOURCES IN RETIREMENT*

SOCIAL SECURITY

Your Life Expectancy: _____ Social Security Starts at age: _____

Your Full Retirement Age: _____ Your Benefit Amount: _____

	<u>Your Benefit Amt.</u>	<u>Spousal Benefit Amt.</u>
Social Security Income at:		
Age 62	_____	_____
Full retirement age	_____	_____
Age 70	_____	_____

PENSION(S)

Value of your pension(s) monthly: \$ _____

ANNUITIES

Value of your income annuities monthly: \$ _____

REVERSE MORTGAGE

Value of your reverse mortgage income monthly: \$ _____

OTHER "GUARANTEED" INCOME SOURCES

Other: _____ Monthly Value: \$ _____

TOTAL GUARANTEED INCOME SOURCES: \$ _____



CASH FLOW IN RETIREMENT...DO YOU HAVE A GAP?

Household expenses: \$ _____

Other Expenses: \$ _____

Healthcare expenses: \$ _____

Long term care: \$ _____

Total expenses: \$ _____

Expenses Eliminated at Retirement:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Projected Guaranteed Income Sources total: \$ _____

Less projected expenses: \$ _____

Gap amount/surplus \$ _____

INCOME DISTRIBUTION

Gap amount needed to cover: \$ _____

Total amount of savings & investments expected at retirement: \$ _____

Number of years retirement savings to last: _____

When will you start taking distributions? _____

What is your safe withdrawal percentage? _____

How long will your savings last based on longevity? _____

Have you performed a tax efficiency calculation so you are distributing your funds in the most tax advantage manner? _____

*Her Retirement recommends that you run (or have your advisor run a Retirement Income Projection Analysis to project how much and how long your money will last in retirement. All of your needs, income (including pensions and Social Security), costs for health care and long term care MUST be a part of this analysis. If you would like to talk to an affiliated retirement about this analysis, please contact us at: retire@herretirement.com or 508.798.5115.

If after this projection is completed and you still have a gap, there are a number of things you can do to close the gap. An affiliated retirement planner can help you with these strategies.



INVESTMENTS

Current Portfolio Allocation: _____% Stocks _____% Bonds
 _____% Fixed Indexed Annuities _____% Structured Investments
 _____% Other

Risk Profile (circle): Conservative Moderate Aggressive

What is your primary investment objective (put in 1, 2, 3 priority order_?
 _____Safety, preserving capital _____Income for retirement _____Growth for future use

How important is it for you to reduce the risk in your portfolio and include guaranteed income sources in retirement? _____Very important _____Somewhat important
 _____Not important



RISK MANAGEMENT

Please specify which policies you have in place:

_____ Long term care policy

_____ Umbrella policy

_____ Life insurance policy

_____ Disability insurance policy



ESTATE PLANNING

Do you have the following estate planning basics in your inventory (updated within last 5 years)?

- Will Living Trust Power of Attorney
 Health care proxy Other: Have you elected beneficiaries?

Wealth transfer priorities:

- Maximize funds during my lifetime, beneficiaries will receive the remainder
 Maximize what the beneficiaries receive, use minimum funds during my lifetime

RETIREMENT TOPICS YOU NEED HELP WITH:

- | | | |
|--|---|---|
| <input type="checkbox"/> Retirement Income | <input type="checkbox"/> Investments | <input type="checkbox"/> Portfolio allocation |
| <input type="checkbox"/> 401k allocations | <input type="checkbox"/> Tax planning | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Reverse mortgage | <input type="checkbox"/> College funding | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Life insurance | <input type="checkbox"/> Long term care insurance | <input type="checkbox"/> Other insurance |
| <input type="checkbox"/> Health savings accounts | <input type="checkbox"/> Elder care | <input type="checkbox"/> Estate planning |

NOTES:

Should you require any help with this Retirement Inventory or you're interested in a complimentary assessment in any one or all of these areas, please contact us via any of the methods listed below.