

Wealth Studios Lifestyle Workbook

Client & Co-Client



Purpose of This Workbook and Helpful Checklist

This lifestyle workbook is designed to help you collect and organize the information needed to develop your Retirement Plan which includes your goals and the resources available to fund them. Gathering information from the checklist below will help you move through the workbook. It's a good idea to gather as much of this information as possible before getting started.

Thank you in advance for taking the time to gather some of this information so we can focus on the fun stuff: developing a plan that addresses your goals, hopes, and dreams in retirement.

Statements:

These statements may be helpful throughout the workbook.

- Social Security Administration
- Bank
- Investment
- Retirement accounts
- College savings accounts
- Mortgage
- Trust Documents

Retirement Income

Gather the information regarding sources of income in retirement and the amounts.

- Pension
- Annuity Income
- Alimony
- Part-time work
- Royalties
- Rental properties
- HSA
- Other

Risk Management:

See current insurance list.

- Life insurance with cash value
- Group term
- Long-Term Care
- Disability
- Auto
- Home
- Other

Investment Assets and Contributor Amounts

You will be able to enter totals for each of these asset types:

- Employer-sponsored plans (Eg. 401k, 403b, 457)
- Traditional IRAs
- Roth IRAs
- Taxable / brokerage assets
- Tax-deferred accounts (Eg. Annuity)
- Tax-free / brokerage accounts
- 529 college savings plans
- Other

Liabilities or Debt (Total Amount and End Dates):

Gather information regarding current balance, interest rates, bequest value and payments.

- Mortgages
- Equity lines of credit
- Vehicle loans
- Business loans
- Credit cards
- Personal lines of credit
- Education or student loans
- Other

Other Assets

Other assets you may have and estimate the dollar value.

- Home(s)
- Collectibles
- Personal property
- Business
- Real estate
- Inheritance or gift
- Other

Get Started

Personal Information

	Client (C)	Co-Client (Co)
Name		
Gender	Male Female	Male Female
Date of Birth	/ /	/ /
Email Address		
Employment Status	Employed Retired Business Owner Homemaker	Employed Retired Business Owner Homemaker
Employment Income	\$	\$
Other Income (non-investment only)	\$	\$
Marital Status		State of Residence

Important relationships / Family Tree

Any participant included in this plan for gifting, goals, beneficiaries or owners of insurance policies (Eg. children, grandchildren, charities, etc.)

Name	Date of Birth	Relationship
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Entities

Enter Entities such as Businesses, Charities, and Trusts.

Business Type	Name of Business	Owner(s)	Inception Date	Income	Expenses	Federal Tax Rate	State Tax Rate

Charity Type	Name of Charity	Is this charity a 50% Limit Organization?
Donor Advisor Fund Other		Yes No
Donor Advisor Fund Other		Yes No
Donor Advisor Fund Other		Yes No
Donor Advisor Fund Other		Yes No
Donor Advisor Fund Other		Yes No

Trust Type	Name of Trust	Trustee(s)/ Grantor(s)	Established Date	End Date	Exclusion Amount Used
Income	Expenses	Remainder Beneficiaries	Income Beneficiaries	Tax Rate	GST Exempt

Retirement Age

(If already retired, skip to Planning Age)

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

	Client	Co-Client
Ideal Retirement Age	Age:	Age:
How willing are you to retire later (if necessary) to attain your Goals?	Not at All Slightly Somewhat Very	Not at All Slightly Somewhat Very
What order of retirement do you prefer?	Both retire in the same year. Either can retire first.	

Planning Age (Life Expectancy)

With Americans living longer, it's a good idea to consider how long you think you will live. This is important because your plan will need to cover expenses for the length of your retirement. By answering the questions, your advisor can determine a reasonable planning age.

	Client	Co-Client
Are you a smoker	Yes No	Yes No
For your age, how would you rate your health?	Poor Good Excellent	Poor Good Excellent
If you compare your family members to others, how long do they tend to live?	Shorter than average About average Longer than average	Shorter than average About average Longer than average

Living Expenses

Current Amount	When Only Client is Alive	When Only Co-Client is Alive	Retirement Living Expense	When Only Client is Alive	When Only Co-Client is Alive	Growth Index
\$	\$	\$	\$	\$	\$	%

Expenses

Description	Start Year	Amount	How Often	How Many Times
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Retirement Income - Identify all the resources you have to fund your Goals.

Social Security Benefits - If available, provide your Social Security estimate from ssa.gov.

	Client		Co-Client	
Are you eligible?	Yes No	Receiving Now: \$ _____	Yes No	Receiving Now: \$ _____
Benefit amount	Primary Insurance Amount (PIA) \$ _____		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	

Part-Time Work & Other Retirement Income

Include income from part-time work, rental property, annuities, royalties, alimony, etc. All amounts are pre-tax and begin at retirement unless otherwise noted.

Don't include interest or dividend income from your investments.

Description	Monthly Income	Year It Ends or Number of Years
e.g., Part-time	\$ e.g., Part-time	5
	\$	
	\$	
	\$	

Pension Income

If available, provide your pension statement. If unavailable, provide information below.

For a lifetime pension, put "End of Life" in "Year It Ends" column.

Description	Monthly Income	Start Year	Year It Ends or No. of Years	% Survivor Benefit	Check if amount inflates	GPO
e.g., ABC Pension	\$1,500		End of Life	50%		
	\$					
	\$					
	\$					

Investment Assets

Identify all the resources you have to fund your Goals. Don't worry about determining the exact amounts, reasonable estimates are fine. If available provide your investment statements.

Client

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
• Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
HSA	\$	\$	%	%	%
Taxable / Brokerage	\$	\$			
Other	\$	\$			

Co-Client

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
• Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
HSA	\$	\$	%	%	%
Taxable / Brokerage	\$	\$			
Other:	\$	\$			

Beneficiaries

Qualified Account Name	Primary Beneficiary	%	Contingent Beneficiary	%

Other Assets

Other Homes, Real Estate, Personal Property, Collectibles, Inheritance, etc.

Description	Current Value	Planning to sell this asset?			Year Sell / Received	Cash Received
		Yes	No	Only If Needed		
		Yes	No	Only If Needed		
		Yes	No	Only If Needed		
		Yes	No	Only If Needed		
		Yes	No	Only If Needed		
		Yes	No	Only If Needed		
		Yes	No	Only If Needed		
		Yes	No	Only If Needed		
		Yes	No	Only If Needed		

Liabilities

Description	Beginning Balance	Current Balance	Start Date	Monthly Payment	Term	Interest Rate	Planned Payoff Date	Secured Loan?	
								Yes	No
								Yes	No
								Yes	No
								Yes	No
								Yes	No
								Yes	No
								Yes	No
								Yes	No
								Yes	No

Additional Considerations

Do you have any of the following? If available, provide statements.

Employer Rewards

Enter Stock Options, Restricted Stock, Performance Shares, Stock Appreciation Rights, and Cash Rewards.

- Symbol:
- Number of Grants:
- Grant Date:
- Grant Price:
- When do they first vest?
- If applicable, when are they exercised? (Stock Options, SAR's)
- How often do they vest? (Annual, Semi-Annual, Quarterly, Monthly)

Award Type	Symbol	Number of Grants	Grant Date	Grant Price	When do they Vest	When are they exercised?	How often do they vest?

Insurance

Have your insurance reviewed and analyzed to see if you have enough coverage.

	Client		Co-Client		Notes
Group/Term Life Insurance	Yes	No	Yes	No	
• Death Benefit	\$		\$		
Cash Life Insurance	Yes	No	Yes	No	
• Death Benefit	\$		\$		
• Cash Value	\$		\$		
Disability Insurance	Yes	No	Yes	No	
Long-Term Care Insurance	Yes	No	Yes	No	
Cash Value Life Insurance	Yes	No	Yes	No	

Will

Completing this section can help review your Estate plans.

	Client		Co-Client		Notes
Will?	Yes	No	Yes	No	
Primary Recipient					
Contingent Recipient					
Including a provision for a Bypass Trust	Yes	No	Yes	No	
Date documents were last reviewed					
Medical Directive	Yes	No	Yes	No	
Power of Attorney	Yes	No	Yes	No	

Bequests

Recipient	Funding Type		Cash Amount if applicable	Asset if applicable	Amount if applicable
	Cash	In-Kind	\$		%
	Cash	In-Kind	\$		%
	Cash	In-Kind	\$		%

Prior Gifts

Gift Description	Donor	Recipient	Date	GST Used (\$)
				\$
				\$
				\$

Planned Gifts

Gift Description	Donor	Recipient	Recurrence (one time or recurring)	Start Date(s)	End Date(s)

Notes



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