# MoneyGuideOne Lifestyle Plan





### **Personal Information**

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

## **Retirement Age**

At what age	Client (e.g., age 65)	Co-Client (e.g., age 65, together)	<b>Your living expense</b> will be estimated (approximately 60%-70% of total employment income) and three goals			
would you like to retire?			employment income) and three goals will be created: Need, Want and Wish.			

# **Retirement Lifestyle Goals**

Lifestyle Goals are above and beyond what you need to pay for basic expenses. Rate the importance of each Goal on a scale of 10  $\leftrightarrow$  1. Needs (10, 9, 8), Wants (7, 6, 5, 4), and Wishes (3, 2, 1).

Most Common Goals		Other Goals				
Travel	College	Wedding	New Home	Celebration		
Car	Home Improvement	Major Purchase	Start Business	Provide Care		
Health Care	Gift or Donation	Leave Bequest	Private School	Other		

Importance High Low 10 ↔ 1	Description	Start Year	с	Co	Amount	How Often	How Many Times
					\$		
					\$		
					\$		
					\$		
					\$		

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

		Client	Co-Client			
Are you	Yes	De estivite e Neuro É	Yes	De estrin a Neuro f		
eligible?	No	Receiving Now: \$	No	Receiving Now: \$		
Benefit	Prim	ary Insurance Amount (PIA)	Primary Insurance Amount (PIA)			
amount	\$		\$			
When	At Full I	Retirement Age (per Social Security)	At Full Retirement Age (per Social Security)			
to start	at age at retirement			ge at retirement		

#### **Retirement Income** (Pension, part-time work, rental property, annuities, royalties, alimony)

Description	Ow	Owner Monthly		Start	Year It Ends or No.	% Survivor	Check if amount	GPO
	С	Co	Income	ncome Year	of Years	Benefit	inflates	
			\$					
			\$					
			\$					
			\$					

#### **Investment Assets**

		C	lient	Co-Client				
Investment Type	Current Value		Annual Additions		Current Value		Annual Additio	ns
Retirement Plans (e.g., 401k, 403b)	\$	\$	or	%	\$	\$	or	%
• Employer Match	\$	\$	or	%	\$	\$	or	%
Traditional IRA	\$	\$			\$	\$		
Roth IRA	\$	\$			\$	\$		
529 Savings Plan	\$	\$			\$	\$		
Annuities	\$	\$			\$	\$		
HSA	\$	\$			\$	\$		
Taxable / Brokerage	\$	\$			\$	\$		
Other:	\$	\$			\$	\$		

#### **Risk Score**

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score? If you're not sure, go ahead and guess. You can always talk with your advisor and revise if needed.

Client	Co-Client				



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