



GLENN WOODY

FINANCIAL CONSULTANTS, INC.

Confidential Personal And Financial Data Questionnaire

(Please mark in black or blue ink.)

Client Name: _____

Date: _____



Before You Begin...

This *Personal and Financial Data Questionnaire* is designed to help you gather all the required information for your customized financial plan. The questionnaire's easy-to-follow format will allow you to enter your required personal data and financial details. These items are necessary so we can create a complete and thorough picture of your *current* and *future* financial situation.

Please have the following items on hand to help you complete this questionnaire and submit them with it:

- Your tax returns & assessments - past 2 yrs.
- Your spouse's tax returns & assessments - past 2 yrs.
- Pension statement from your employer
- Benefits statement from your employer
- Pension statement from your spouse's employer
- Benefits statement from your spouse's employer
- Copies of business buy/sell or shareholder agreements
- Pay stubs for each of your latest 2 pay periods
- All life insurance and disability insurance policies
- Latest statements from trust companies, brokers, investment companies and banks
- Budget of your personal and living expenses – See our worksheet attached
- Latest mortgage and other loan statements
- Latest family trust, will, power of attorney
- Marital agreement(s)
- Severance pay documents
- Other relevant documentation

Keep In Mind...

The more information you provide, the more realistic your financial plan will be. If you are unsure of an exact value for any piece of information, please give it your best estimate.

Instead of answering all of the questions, you may find it easier to provide us with copies of these documents. Just make a note on this form that you are submitting a detailed document and then bring them to our planning meeting.

W

Glenn D. Woody
Certified Financial Planner™



PLANNING ASSUMPTIONS

Milestones

Head 1

Head 2

Planned Retirement Date: _____ or Age: _____

 Month Day Year

Planned Retirement Date: _____ or Age: _____

 Month Day Year

Life Expectancy: _____
 Age / Year

Life Expectancy: _____
 Age / Year

Planning Horizon is from the current year to the Year: _____ or Age: _____

Planning Horizon is from the current year to the Year: _____ or Age: _____

IRA Historical Data

(Use this area to enter each asset's Start of Year account balances, as well as information regarding assets that may have come due and have not been allocated to another investment at this time.)

Cash Surplus or Deficit Start of Year Account Balance: \$ _____

Cash Surplus or Deficit Start of Year Account Balance: \$ _____

IRA – Cash Start of Year Account Balance: \$ _____

IRA - Start of Year Account Balance: \$ _____

401 (k) Start of Year Account Balance: \$ _____

401 (k) Start of Year Account Balance: \$ _____

403 (b) Start of Year Account Balance: \$ _____

403 (b) Start of Year Account Balance: \$ _____

457 Start of Year Account Balance: \$ _____

457 Start of Year Account Balance: \$ _____

SEP Start of Year Account Balance: \$ _____

SEP Start of Year Account Balance: \$ _____

Roth Start of Year Account Balance: \$ _____

Roth Start of Year Account Balance: \$ _____

401 (k) Start of Year Account Balance: \$ _____

401 (k) Start of Year Account Balance: \$ _____

Beneficiaries: _____ %

Beneficiaries: _____ %

_____ %

_____ %

_____ %

_____ %

Economic Factors

Inflation Rate that will be used in all financial projections: _____%

(We default to 3%)



INCOME SOURCES

HEAD 1

HEAD 2

Employment

Annual Salary: \$ _____

Is this salary indexed to inflation? Yes +/- ____% No

Annual Salary: \$ _____

Is this salary indexed to inflation? Yes +/- ____% No

Retirement

Social Security

Eligible for benefits? Yes No Start at retirement? Yes

At what age will these benefits begin? _____

Years worked to date? _____

Benefits based on average annual salary: \$ _____

Estimated Monthly Benefits: \$ _____

Eligible for benefits? Yes No Start at retirement? Yes

At what age will these benefits begin? _____

Years worked to date? _____

Benefits based on average annual salary: \$ _____

Estimated Monthly Benefits: \$ _____

Employer Defined Benefit Pension Plans

Expected Annual Pension: \$ _____

At what age will these benefits begin? _____ Years of Service: _____

Pension Formula: _____

(Contribution amount is entered under Tax Related Expenses)

Is pension integrated with Social Security? Yes No

Percentage Payable to Survivor: % _____

Expected Annual Pension: \$ _____

At what age will these benefits begin? _____ Years of Service: _____

Pension Formula: _____

(Contribution amount is entered under Tax Related Expenses)

Is pension integrated with Social Security? Yes No

Percentage Payable to Survivor: % _____

Retiring Allowances *(Use the back of this sheet to enter additional details)*

Retiring Allowance: \$ _____ Eligible Amount: \$ _____

Will it be transferred to an IRA? Yes No

Will it be indexed to inflation? Yes No

Date received: _____

Month Day Year

Retiring Allowance: \$ _____ Eligible Amount: \$ _____

Will it be transferred to an IRA? Yes No

Will it be indexed to inflation? Yes No

Date received: _____

Month Day Year

Miscellaneous Income *(Use the back of this sheet to enter additional details)*



Employment Bonus: \$ _____

Self-Employment Earned: \$ _____

Self Employed Commission: \$ _____

Alimony: \$ _____

Child Support: \$ _____

Tax Free Income: \$ _____

Other: _____ \$ _____

_____ \$ _____

Employment Bonus: \$ _____

Self-Employment Earned: \$ _____

Self Employed Commission: \$ _____

Alimony: \$ _____

Child Support: \$ _____

Tax Free Income: \$ _____

Other: _____ \$ _____

_____ \$ _____



EXPENSES

HEAD 1

HEAD 2

Non-Tax Related

Lifestyle (If you share your common lifestyle expenses, just enter the total for one person) (Use our worksheet to help compile expenses)

Annual Lifestyle: \$ _____

Annual Lifestyle: \$ _____

(Excluding mortgage payments, but including rent, water, heating, phone, etc., and property taxes if not included in mortgage payments.)

(Excluding mortgage payments, but including rent, water, heating, phone, etc., and property taxes if not included in mortgage payments.)

By what percentage do you expect this expense to increase/decrease during retirement? _____%

By what percentage do you expect this expense to increase/decrease during retirement? _____%

(The following section is optional and can be used if you wish to break down the **Annual Lifestyle** total above)

Housing: \$ _____ Food: \$ _____

Housing: \$ _____ Food: \$ _____

Transportation: \$ _____ Personal: \$ _____

Transportation: \$ _____ Personal: \$ _____

Entertainment: \$ _____

Entertainment: \$ _____

Semi-Regular Expenses (Optional)

I plan to upgrade my *automobile* every: _____ years.

I plan to upgrade my *automobile* every: _____ years.

I usually spend approx. \$ _____ for the upgrade.

I usually spend approx. \$ _____ for the upgrade.

I plan to wait: _____ years before my next car upgrade.

I plan to wait: _____ years before my next car upgrade.

I plan to take a *vacation* every: _____ years.

I plan to take a *vacation* every: _____ years.

I usually spend approx. \$ _____ for the vacation.

I usually spend approx. \$ _____ for the vacation.

I plan to wait: _____ years before taking my next vacation.

I plan to wait: _____ years before taking my next vacation.

Tax Related

Charitable Contributions: \$ _____

Charitable Contributions: \$ _____

Medical / Dental: \$ _____

Medical / Dental: \$ _____

Child Care: \$ _____

Child Care: \$ _____

Carrying Charges: \$ _____

Carrying Charges: \$ _____

Professional / Union Dues: \$ _____

Professional / Union Dues: \$ _____

Defined Benefit: \$ _____

Defined Benefit: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

Any Other Lifestyle Expense Details

Name: _____ Amount: \$ _____ every/on _____

Name: _____ Amount: \$ _____ every/on _____

Name: _____ Amount: \$ _____ every/on _____



ASSETS

House and Mortgage

House (Principal residence only - Real Estate assets will be defined later)

Purchase Amount: \$ _____ Purchase Date: _____ Who is the house's owner? Head 1 Head 2 Joint

What is its current market value? \$ _____ What is its expected growth rate? % _____

Mortgage (For the Above Residence)

(Property taxes are excluded from Principal & Interest payments in the program.)

Original Principal: \$ _____ Start Date: _____ Who is the mortgage's owner? Head 1 Head 2 Joint
Month Day Year

Mortgage's interest rate: % _____ Mortgage is amortized for: _____ years from: today loan start date .

I/we make regular principal and interest payments on a _____ basis.
(e.g. Weekly, Monthly, Yearly, etc.)

As of: _____ there is still: \$ _____ outstanding on the mortgage.
Month Day Year

Is the mortgage insured? Yes No

Non-Qualified Investment Assets

(Enter each asset type's **aggregate** value as of the start of the year. Break down each asset's expected return rate based on its return component - e.g. If a Mutual Fund asset is earning 2% **Interest**, 2% **Dividends**, 4% **Capital Gains** and 4% **Deferred Capital Gains**, you would enter **2-I, 2-D, 4-CG, 4-DCG**. Or, you may prefer to include investment statements for any or all of this section.)

HEAD 1

Mut. Funds: \$ _____ ACB: \$ _____ Return: % _____

CDs: \$ _____ Term: _____ Return: % _____

Stocks: \$ _____ ACB: \$ _____ Return: % _____

Bonds: \$ _____ ACB: \$ _____ Return: % _____

T-Bills
(Face Value): \$ _____ Market Value: \$ _____ ACB: \$ _____ Maturity: _____

Bank Deposits: \$ _____ Return: % _____

Real Estate: \$ _____ Market Value: \$ _____ ACB: \$ _____ Pur. Date: _____

\$ _____ Market Value: \$ _____ ACB: \$ _____ Pur. Date: _____

Lifestyle: \$ _____ Return: % _____ ACB: \$ _____ Sale Date: _____

Other: \$ _____ Return: % _____ ACB: \$ _____ Return: % _____

Note: "ACB" means Average Cost Basis



Non-Qualified Investment Assets (con't)

(Enter each asset type's **aggregate** value as of the start of the year. Break down each asset's expected return rate based on its return component - e.g. If a Mutual Fund asset is earning 2% **Interest**, 2% **Dividends**, 4% **Capital Gains** and 4% **Deferred Capital Gains**, you would enter **2-I, 2-D, 4-CG, 4-DCG**. Or, you may prefer to include investment statements for any or all of this section.)

HEAD 2

Mut. Funds: \$ _____ ACB: \$ _____ Return: % _____

CDs: \$ _____ Term: _____ Return: % _____

Stocks: \$ _____ ACB: \$ _____ Return: % _____

Bonds: \$ _____ ACB: \$ _____ Return: % _____

T-Bills
(Face Value): \$ _____ Market Value: \$ _____ ACB: \$ _____ Maturity: _____

Bank Deposits: \$ _____ Return: % _____

Real Estate: \$ _____ Market Value: \$ _____ ACB: \$ _____ Pur. Date: _____

\$ _____ Market Value: \$ _____ ACB: \$ _____ Pur. Date: _____

Lifestyle: \$ _____ Return: % _____ ACB: \$ _____ Sale Date: _____

Other: \$ _____ Return: % _____ ACB: \$ _____ Return: % _____

JOINT

Mut. Funds: \$ _____ ACB: \$ _____ Return: % _____

CDs: \$ _____ Term: _____ Return: % _____

Stocks: \$ _____ ACB: \$ _____ Return: % _____

Bonds: \$ _____ ACB: \$ _____ Return: % _____

T-Bills
(Face Value): \$ _____ Market Value: \$ _____ ACB: \$ _____ Maturity: _____

Bank Deposits: \$ _____ Return: % _____

Real Estate: \$ _____ Market Value: \$ _____ ACB: \$ _____ Pur. Date: _____

\$ _____ Market Value: \$ _____ ACB: \$ _____ Pur. Date: _____

Lifestyle: \$ _____ Return: % _____ ACB: \$ _____ Sale Date: _____

Other: \$ _____ Return: % _____ ACB: \$ _____ Return: % _____

Note: "ACB" means Average Cost Basis



Qualified Investment Assets

(Enter each asset type's **aggregate** value as of the start of the year. To be complete, enter return rates for the eventual transfer or conversion of an asset. E.g. Enter an expected RRIF return rate.)

HEAD 1

IRAs: \$ _____ Return: % _____
 Spousal: \$ _____ Return: % _____
 Roth IRAs: \$ _____ Return: % _____
 Spousal Roth
 IRAs: \$ _____ Return: % _____
 401(k)s: \$ _____ Return: % _____
 403(b)s: \$ _____ Return: % _____
 457s: \$ _____ Return: % _____
 SEPs: \$ _____ Return: % _____
 Keoghs: \$ _____ Return: % _____

HEAD 2

IRAs: \$ _____ Return: % _____
 Spousal: \$ _____ Return: % _____
 Roth IRAs: \$ _____ Return: % _____
 Spousal Roth
 IRAs: \$ _____ Return: % _____
 401(k)s: \$ _____ Return: % _____
 403(b)s: \$ _____ Return: % _____
 457s: \$ _____ Return: % _____
 SEPs: \$ _____ Return: % _____
 Keoghs: \$ _____ Return: % _____

Deferred Annuities (Enter additional annuities on the back of this sheet)

Fixed Annuity #1

Type: _____
 (e.g. Amount Certain, Term Certain, Life Income, etc.)

Payment Frequency: _____
 (e.g. Annually, Monthly, etc.)

Ownership: _____

Annuitant(s): Head 1 Head 2 Joint

Payment per \$1000: \$ _____ Annually Monthly

Beneficiary: _____

Start Date: _____ Guaranteed Number of Years: _____

Account type: General Separate

Cost Basis: \$ _____

Start of Year Basis: \$ _____

Additional Information: _____
 (e.g. Initial Premiums, Start of Year Market Value, Premiums Paid, Surrender Charges, Free Withdrawals, etc.)

Fixed Annuity #2

Type: _____
 (e.g. Amount Certain, Term Certain, Life Income, etc.)

Payment Frequency: _____
 (e.g. Annually, Monthly, etc.)

Ownership: _____

Annuitant(s): Head 1 Head 2 Joint

Payment per \$1000: \$ _____ Annually Monthly

Beneficiary: _____

Start Date: _____ Guaranteed Number of Years: _____

Account type: General Separate

Cost Basis: \$ _____

Start of Year Basis: \$ _____

Additional Information: _____
 (e.g. Initial Premiums, Start of Year Market Value, Premiums Paid, Surrender Charges, Free Withdrawals, etc.)



Variable Annuity #1

Type: _____
(e.g. Amount Certain, Term Certain, Life Income, etc.)

Payment Frequency: _____
(e.g. Annually, Monthly, etc.)

Ownership: _____

Annuitant(s): Head 1 Head 2 Joint

Payment per \$1000: \$ _____ Annually Monthly

Beneficiary: _____

Start Date: _____ Guaranteed Number of Years: _____

Account type: General Separate

Cost Basis: \$ _____

Start of Year Basis: \$ _____

Additional Information: _____
(e.g. Initial Premiums, Start of Year Market Value, Premiums Paid, Surrender Charges, Free Withdrawals, etc.)

Variable Annuity #2

Type: _____
(e.g. Amount Certain, Term Certain, Life Income, etc.)

Payment Frequency: _____
(e.g. Annually, Monthly, etc.)

Ownership: _____

Annuitant(s): Head 1 Head 2 Joint

Payment per \$1000: \$ _____ Annually Monthly

Beneficiary: _____

Start Date: _____ Guaranteed Number of Years: _____

Account type: General Separate

Cost Basis: \$ _____

Start of Year Basis: \$ _____

Additional Information: _____
(e.g. Initial Premiums, Start of Year Market Value, Premiums Paid, Surrender Charges, Free Withdrawals, etc.)

Variable Annuity #3

Type: _____
(e.g. Amount Certain, Term Certain, Life Income, etc.)

Payment Frequency: _____
(e.g. Annually, Monthly, etc.)

Ownership: _____

Annuitant(s): Head 1 Head 2 Joint

Payment per \$1000: \$ _____ Annually Monthly

Beneficiary: _____

Start Date: _____ Guaranteed Number of Years: _____

Account type: General Separate

Cost Basis: \$ _____

Start of Year Basis: \$ _____

Additional Information: _____
(e.g. Initial Premiums, Start of Year Market Value, Premiums Paid, Surrender Charges, Free Withdrawals, etc.)

Variable Annuity #4

Type: _____
(e.g. Amount Certain, Term Certain, Life Income, etc.)

Payment Frequency: _____
(e.g. Annually, Monthly, etc.)

Ownership: _____

Annuitant(s): Head 1 Head 2 Joint

Payment per \$1000: \$ _____ Annually Monthly

Beneficiary: _____

Start Date: _____ Guaranteed Number of Years: _____

Account type: General Separate

Cost Basis: \$ _____

Start of Year Basis: \$ _____

Additional Information: _____
(e.g. Initial Premiums, Start of Year Market Value, Premiums Paid, Surrender Charges, Free Withdrawals, etc.)



Personal Use Assets

Residence *(Principal residence only)*

Asset Name: _____

Purchase Date: _____

Who is the primary owner? Head 1 Head 2 Joint

Current Value: \$ _____ As of: _____
Month Day Year

Purchase Amount: \$ _____

What is its expected growth rate? % _____

Projected Sale Date: _____

Other

Personal Use Property Listed Personal Property Cottage

Asset Name: _____

Purchase Date: _____

Who is the primary owner? Head 1 Head 2 Joint

Current Value: \$ _____ As of: _____
Month Day Year

Purchase Amount: \$ _____

What is its expected growth rate? % _____

Projected Sale Date: _____

Other

Personal Use Property Listed Personal Property Cottage

Asset Name: _____

Purchase Date: _____

Who is the primary owner? Head 1 Head 2 Joint

Current Value: \$ _____ As of: _____
Month Day Year

Purchase Amount: \$ _____

What is its expected growth rate? % _____

Projected Sale Date: _____

Other

Personal Use Property Listed Personal Property Cottage

Asset Name: _____

Purchase Date: _____

Who is the primary owner? Head 1 Head 2 Joint

Current Value: \$ _____ As of: _____
Month Day Year

Purchase Amount: \$ _____

What is its expected growth rate? % _____

Projected Sale Date: _____



LIABILITIES

Personal Loans (Enter additional loans on the back of this sheet)

Loan #1

Description: _____

Original Principal: \$ _____ Who owns the loan? Head 1 Head 2 Joint Ownership

Loan Start Date: _____ Payment Type: _____ Interest Rate: % _____
Month Day Year (e.g. Interest Only, P.I.T., etc.)

Payment Frequency: _____ This loan is amortized for _____ years
(e.g. Monthly, Weekly, etc.)

Amortization Start Date: _____ Amortization End Date: _____
Month Day Year Month Day Year

There is: \$ _____ still outstanding on this loan as of: _____
Month Day Year

Is this loan insured? Yes No Bring into Cash flow? Yes No

Other information: _____

Loan #2

Description: _____

Original Principal: \$ _____ Who owns the loan? Head 1 Head 2 Joint Ownership

Loan Start Date: _____ Payment Type: _____ Interest Rate: % _____
Month Day Year (e.g. Interest Only, P.I.T., etc.)

Payment Frequency: _____ This loan is amortized for _____ years
(e.g. Monthly, Weekly, etc.)

Amortization Start Date: _____ Amortization End Date: _____
Month Day Year Month Day Year

There is: \$ _____ still outstanding on this loan as of: _____
Month Day Year

Is this loan insured? Yes No Bring into Cash flow? Yes No

Other information: _____

Loan #3

Description: _____

Original Principal: \$ _____ Who owns the loan? Head 1 Head 2 Joint Ownership

Loan Start Date: _____ Payment Type: _____ Interest Rate: % _____
Month Day Year (e.g. Interest Only, P.I.T., etc.)

Payment Frequency: _____ This loan is amortized for _____ years
(e.g. Monthly, Weekly, etc.)

Amortization Start Date: _____ Amortization End Date: _____
Month Day Year Month Day Year

There is: \$ _____ still outstanding on this loan as of: _____
Month Day Year

Is this loan insured? Yes No Bring into Cash flow? Yes No

Other information: _____



INSURANCE

Life Insurance (Enter additional life insurance policies on the back of this sheet)

Policy #1

Type: _____ Policy Name: _____
Insured: _____ Beneficiary: _____
Premium Payer: _____ Original Death Benefit: \$ _____
Premiums: \$ _____ Payment Frequency: _____
Cash Surrender Value: \$ _____ Coverage applies until age: _____
Other: _____

Policy #2

Type: _____ Policy Name: _____
Insured: _____ Beneficiary: _____
Premium Payer: _____ Original Death Benefit: \$ _____
Premiums: \$ _____ Payment Frequency: _____
Cash Surrender Value: \$ _____ Coverage applies until age: _____
Other: _____

Policy #3

Type: _____ Policy Name: _____
Insured: _____ Beneficiary: _____
Premium Payer: _____ Original Death Benefit: \$ _____
Premiums: \$ _____ Payment Frequency: _____
Cash Surrender Value: \$ _____ Coverage applies until age: _____
Other: _____

Disability Insurance (Enter additional disability insurance policies on the back of this sheet)

Head 1: _____

Monthly Benefit: \$ _____ Monthly Premium: \$ _____

Coverage applies until age: _____

Head 2: _____

Monthly Benefit: \$ _____ Monthly Premium: \$ _____

Coverage applies until age: _____



MISCELLANEOUS TAXES

Miscellaneous Deductions

Taxable Income:

Family Member: _____ Description: _____

Applicable Period: _____ Amount: \$ _____

Family Member: _____ Description: _____

Applicable Period: _____ Amount: \$ _____

Net Income:

Family Member: _____ Description: _____

Applicable Period: _____ Amount: \$ _____

Family Member: _____ Description: _____

Applicable Period: _____ Amount: \$ _____

Miscellaneous Credits

Refundable:

Family Member: _____ Description: _____

Applicable Period: _____ Amount: \$ _____

Family Member: _____ Description: _____

Applicable Period: _____ Amount: \$ _____

Non-Refundable:

Family Member: _____ Description: _____

Applicable Period: _____ Amount: \$ _____

Family Member: _____ Description: _____

Applicable Period: _____ Amount: \$ _____



CURRENT PLANNING STRATEGIES

Use this section to tell us about any planning strategies that you are currently applying (e.g. Regular Savings to an investment, additional payments towards a loan's principal, etc). Use the back of this sheet to enter additional plans.

Regular Savings Plans (Savings made on a regular, periodic basis)

Asset Name	Amount \$	Frequency (e.g. monthly, weekly)	Indexed to Inflation?	When is this Transaction Applicable? (While I'm Working, While I'm Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

Lump Sum Savings Plans (Savings made in one or more lump sums)

Asset Name	Amount \$	Indexed to Inflation?	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 1998)

Employer Sponsored Qualified Pension Plans (Savings put into plans that are established by the employer.)

Asset Name	Constrained by Cash Flow?	Time of Year	When is this Transaction Applicable? (While Working, Until Age 71, Other - e.g. Jan 1, 1995 to Dec 31, 2025)



Surplus Cash Plans (Savings made using surplus cash when available.)

Asset Name	Percentage of Surplus Cash to be Used in Purchase %	When is this Transaction Applicable? (While I'm Working, While I'm Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

Regular Debt Reduction Plans (Any payments made directly toward the principal of an existing loan. These are over and above the required payments that are automatically defined for the liability.)

Liability Name	Amount \$	Frequency (e.g. monthly, weekly)	Indexed to Inflation?	When is this Transaction Applicable? (While I'm Working, While I'm Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

Lump Sum Debt Reduction (Payments made in one or more lump sums toward the principal of an existing loan. These are over and above the required payments that are automatically defined for the liability.)

Liability Name	Amount \$	Indexed to Inflation?	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 1998)

Surplus Cash Debt Reduction (Payments made toward the principal of an existing loan using surplus cash. These are over and above the required payments that are automatically defined for the liability.)

Liability Name	Maximum Dollar Amount that can be Paid Down \$	When is this Transaction Applicable? (While I'm Working, While I'm Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)



Regular Asset Redemption Plans (Any distributions from an asset made on a periodic basis.)

Asset Name	Amount \$	Frequency (e.g. monthly, weekly)	Indexed to Inflation?	When is this Transaction Applicable? (While I'm Working, While I'm Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

Lump Sum Asset Redemption (Distributions from an asset in one or more lump sums)

Asset Name	Amount \$	Indexed to Inflation?	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 1998)

Complete Regular Asset Redemption (Distributions from an asset that will completely use it up at the end of a defined period)

Asset Name	Frequency of Sells (e.g. Annually, Monthly,)	Indexed to Inflation?	When is this Transaction Applicable? (While I'm Working, While I'm Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

Asset Transfers (The transfer of funds from one asset to another)

Source Asset	Destination Asset	Amount \$	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 1998)



Lifestyle Expense Worksheet

Name: _____ Date: _____

<i>How Often Do They Occur?</i>	<i>MONTHLY</i>	<i>QUARTERLY</i>	<i>SEMI-ANNUAL</i>	<i>ANNUAL</i>	<i>TOTAL ANNUAL</i>
<i>Housing</i>					
Mortgage/Rent - # 1					
Mortgage/Rent - # 2					
Real Estate Taxes # 1					
Real Estate Taxes # 2					
Maintenance/Improvements					
Association Dues					
Gas					
Electricity					
Water/Trash					
Cable TV					
Telephone					
Gardner					
House Cleaning					
Internet/E-Mail					
Homeowners Insurance					
Other					
Total Housing Expense					
<i>Food</i>					
Groceries					
Dining Out					
Other					
Total Food Expense					
<i>Transportation</i>					
Auto Payments					
Gasoline					
Repairs					
Registration					
Auto Insurance					
Moving Expenses					
Other					
Total Transportation Expense					



<i>Personal</i>						
Clothing						
Personal Care/Hair						
Publications						
Education - Tuition						
Education - Room and Board						
Education - Books and Supplies						
Personal Gifts						
Laundry/Dry Cleaning						
Cash Out-of-Pocket						
Investment/Banking Fees						
Tax Prep./Financial Planning						
Life Insurance						
Health Insurance						
Disability Insurance						
Medical/Dental Expenses						
Medicare Supplemental						
Volunteer Activities						
Alimony						
Child Care						
Charitable Donations						
Unreimbursed Employee Expenses						
Other						
Total Personal Expense						
<i>Entertainment</i>						
Hobbies						
Entertainment						
Participant Sports						
Vacation						
Other						
Total Entertainment Expense						
Total Lifestyle Expenses						

