

A PERSONALIZED FINANCIAL EXPERIENCE

Navigating The Peaks and Valleys
On The Journey



Purpose of This Workbook and Helpful Checklist

This client workbook is intended to assist you in gathering and organizing the data required to create your retirement plan, which includes your objectives and the resources at your disposal or needed to achieve them. You can progress through the workbook more quickly if you collect the data from the checklist below. Prior to beginning, it's a good idea to compile as much of this data as you can. Thank you in advance for taking the time to gather some of this data so that we can concentrate on the exciting part: creating a plan that takes into account your objectives, aspirations, and dreams for retirement.

Statements:

These statements may be helpful throughout the workbook.

- ☐ Social Security Administration
- ☐ Bank
- ☐ Investment
- ☐ Retirement accounts
- ☐ College savings accounts
- ☐ Mortgage

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)
Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<div></div> / <div></div> / <div></div>
Email Address	
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker
Employment Income	\$ <div></div>
Other Income (non-investment only)	\$ <div></div>
State	

Important relationships

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
	<div></div> / <div></div> / <div></div>	
	<div></div> / <div></div> / <div></div>	
	<div></div> / <div></div> / <div></div>	
	<div></div> / <div></div> / <div></div>	
	<div></div> / <div></div> / <div></div>	
	<div></div> / <div></div> / <div></div>	

Expectations & Concerns

What do you most look forward to? What worries or concerns you? Select what applies to you.

Retirement Expectations	Client
No Work	<input type="checkbox"/>
Part-Time Work for a Few Years	<input type="checkbox"/>
Never Completely Retire	<input type="checkbox"/>
Active Lifestyle	<input type="checkbox"/>
Quiet Lifestyle	<input type="checkbox"/>
Time to Travel	<input type="checkbox"/>
Time with Friends and Family	<input type="checkbox"/>
Opportunity to Help Others	<input type="checkbox"/>
Moving to a New Home	<input type="checkbox"/>
Start a Business	<input type="checkbox"/>
Less Stress - Peace of Mind	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>

Retirement Concerns	Client	Degree
		High/Med/Low
Not having a paycheck anymore	<input type="checkbox"/>	<input type="text"/>
Running out of money	<input type="checkbox"/>	<input type="text"/>
Suffering investment losses	<input type="checkbox"/>	<input type="text"/>
Leaving money to others	<input type="checkbox"/>	<input type="text"/>
Spending too much	<input type="checkbox"/>	<input type="text"/>
Cost of health care or long-term care	<input type="checkbox"/>	<input type="text"/>
Current or future health issues	<input type="checkbox"/>	<input type="text"/>
Dying early	<input type="checkbox"/>	<input type="text"/>
Living too long	<input type="checkbox"/>	<input type="text"/>
Getting Alzheimer's (or other illness)	<input type="checkbox"/>	<input type="text"/>
Going into a nursing home	<input type="checkbox"/>	<input type="text"/>
Being bored	<input type="checkbox"/>	<input type="text"/>
Too much time together	<input type="checkbox"/>	<input type="text"/>
Parents needing care	<input type="checkbox"/>	<input type="text"/>
Family needs inancial help	<input type="checkbox"/>	<input type="text"/>
Kids moving home	<input type="checkbox"/>	<input type="text"/>
Care for child with special needs	<input type="checkbox"/>	<input type="text"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="text"/>

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
Ideal Retirement Age	Age: <input type="text"/>
How willing are you to retire later (if necessary) to attain your Goals?	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
What order of retirement do you prefer?	

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
Are you a smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No
For your age, how would you rate your health?	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
If you compare your family members to others, how long do they tend to live?	<input type="checkbox"/> Shorter than average <input type="checkbox"/> About average <input type="checkbox"/> Longer than average

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
Are you eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now: \$ <input type="text"/>
Beneit amount	<input type="checkbox"/> Primary Insurance Amount (PIA) \$ <input type="text"/>
When to start	At Full Retirement Age (per Social Security) <input type="checkbox"/> at retirement <input type="text"/> <input type="checkbox"/> 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
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

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%	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	\$ <input type="text"/>	\$ <input type="text"/> or <input type="text"/> % <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
• Employer Match	\$ <input type="text"/>	\$ <input type="text"/> or <input type="text"/> % <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Traditional IRA	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Roth IRA	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
529 Savings Plan	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Annuities	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
HSA	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Taxable / Brokerage	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra Savings

Enter the maximum additional amount you could save each year above existing annual savings:	\$ <input type="text"/>
How willing are you to save more?	<div><input type="checkbox"/> Not at All</div> <div><input type="checkbox"/> Slightly</div> <div><input type="checkbox"/> Somewhat</div> <div><input type="checkbox"/> Very</div>

Other Assets

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

Description	Current Value	Planning to sell this asset?	Year Sell / Received	Cash Received (After-tax)
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only If Needed		

Liabilities

Description	Beginning Balance	Current Balance	Monthly Payment	Term	Interest Rate

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

Household

	Household			Men			Women		
Age Group	> 64	50-64	< 50	> 64	50-64	< 50	> 64	50-64	< 50
Avg Score	47	50	54	50	54	59	45	48	52

Additional Considerations

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

Executive Benefits

	Client	Notes
Stock Options	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Restricted Stock	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deferred Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Small Business Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Insurance

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

	Client	Notes
Group/Term Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Death Benefit	\$ <input type="text"/>	
Cash Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Death Benefit	\$ <input type="text"/>	
• Cash Value	\$ <input type="text"/>	
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cash Value Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Estate

Completing this section can help review your Estate plans.

	Client	Notes
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Including a provision for a Bypass Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Date documents were last reviewed	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Medical Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Budget - Optional to Help Determine Basic Living Expense

Personal & Family Expenses	Current	Retirement
Alimony	\$	\$
Bank Charges	\$	\$
Business Expense	\$	\$
Cash - Miscellaneous	\$	\$
Cell Phone	\$	\$
Charitable Donations	\$	\$
Child Allowance/Expense	\$	\$
Child Care	\$	\$
Child Support	\$	\$
Clothing	\$	\$
Club Dues	\$	\$
Credit Card Debt Payment	\$	\$
Dining	\$	\$
Entertainment	\$	\$
Gifts	\$	\$
Groceries	\$	\$
Healthcare	\$	\$
Hobbies	\$	\$
Household Items	\$	\$
Laundry/Dry Cleaning	\$	\$
Personal Care	\$	\$
Pet Care	\$	\$
Recreation	\$	\$
Vacation/Travel	\$	\$
Other	\$	\$
TOTAL	\$	\$

Vehicle Expenses	Current	Retirement
Loan / Lease	\$	\$
Insurance	\$	\$
Personal Property Tax	\$	\$
Fuel	\$	\$
Repairs / Maintenance	\$	\$
Parking / Tolls	\$	\$
Other	\$	\$
TOTAL	\$	\$

Budget - Optional to Help Determine Basic Living Expense

Home Expenses	Current	Retirement
Mortgage / Rent	\$	\$
Equity Line	\$	\$
Real Estate Tax	\$	\$
Homeowner's Insurance	\$	\$
Association Fees	\$	\$
Electricity	\$	\$
Gas/Oil	\$	\$
Trash Pickup	\$	\$
Water/Sewer	\$	\$
Cable/Satellite TV	\$	\$
Internet	\$	\$
Telephone (land line)	\$	\$
Lawn Care	\$	\$
Maintenance	\$	\$
Furniture	\$	\$
Other	\$	\$
TOTAL	\$	\$

Personal Insurance Expenses	Current	Retirement
Disability for Client	\$	\$
Life for Client	\$	\$
Long-Term Care for Client	\$	\$
Medical for Client	\$	\$
Umbrella Liability	\$	\$
Other	\$	\$
TOTAL	\$	\$

Total All Expenses	Current	Retirement
Personal & Family Expenses	\$	\$
Vehicle Expenses	\$	\$
Home Expenses	\$	\$
Personal Insurance Expenses	\$	\$
TOTAL	\$	\$



316 Plain Street
Hanover, MA 02339

TF: 617-365-7269

E: mshanley@walnutpeakfinancial.com

W: www.walnutpeakfinancial.com



Advisory services offered through Capital Analysts or Lincoln Investment, Registered Investment Advisers. Securities offered through Lincoln Investment, Broker Dealer, Member FINRA/SIPC. www.lincolninvestment.com

Walnut Peak Financial Consulting and the above firms are independent and non-affiliated.