



Riley Planning & Investments

Financial Planning Workbook

Please complete the fields that are applicable to you and your financial situation.

Your Name: _____ Date of Birth _____

Cell Phone Number: _____ Email: _____

Employed - Yes/No/Retired: _____ Current Salary (if working): _____ Retirement Age/Desired Age: _____

Spouse/Partner Information

Name: _____ Date of Birth _____

Cell Phone Number: _____ Email: _____

Employed - Yes/No/Retired: _____ Current Salary (if working): _____ Retirement Age/Desired Age: _____

Pre-Retirement Goals: Things you hope to accomplish prior to retirement

Goal	Dollar amount	Notes
Example: Pay off mortgage	Ex: \$40,000	Ex: 2.75% interest rate, 10 years left

Retirement Goals: Things you hope to accomplish after retirement

Goal	Dollar amount	Notes
Example: Travel each winter	Ex: \$5,000	Ex: Del Boca Vista January - April

Notes

(616) 486-6174

Securities offered through Cetera Wealth Services, LLC, member FINRA/SIPC. Advisory Services offered through Cetera Investment Advisers LLC, a registered investment adviser. Cetera is under separate ownership from any other named entity.

Savings Sources

Please attach copies of recent statements for any accounts listed below.

This will help us to accurately prepare your financial plan.

Income Source	Description	Owner	Account Value	Monthly contribution	Notes
Pension					
Social Security					
Annuity					
Traditional IRA					
Roth IRA					
401k/403b					
Checking/ Savings					
Other					
Other					
Other					

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Budget – Monthly

Category	Item	Now	Retired	
Household	Mortgage/Rent			
	Property taxes			
	Electric			
	HOA Fees/Garbage			
	Gas/Propane			
	Water			
	Phone/Cell Phone			
	Cable/Internet/Streaming			
	Home Security			
	Outdoor Maintenance			
	Domestic Help/Cleaning			
	Home Improvements			
	Household Purchases			
	Groceries			
	Childcare/Education Expenses			
	Pets			
	Other			
	Transportation	Car Payment(s)		
		Gas		
		Auto Maintenance		
Personal	Clothing			
	Dry Cleaning/Laundry			
	Personal Care/Beauty			
	Medical Expenses (co-pays, deductibles, etc.)			
	Medications			
	Specialty Care-Chiropractor, etc.			
	Hobbies			
	Entertainment			
	Travel			
	Eating out			
	Fitness			
	Gifts			
	Memberships/Subscriptions			
	Charitable Contributions			
	Other			
	Other			
	Insurance Premiums	Health/Dental		
Auto				
Home				
Life/Long Term Care				
Other	Savings			
	Debt Repayment			
	Other			

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