

Financial Planning Workbook

Please complete the sections that apply to you and your financial situation. There are no wrong answers, and it's fine to leave something blank if you're not sure. We'll go over everything together.

YOUR INFORMATION

NAME

DATE OF BIRTH

CELL PHONE

EMAIL

EMPLOYMENT STATUS

☐ Employed ☐ Not employed ☐ Retired

SALARY (IF WORKING)

RETIREMENT AGE GOAL

HOME ADDRESS

SPOUSE / PARTNER INFORMATION

NAME

DATE OF BIRTH

CELL PHONE

EMAIL

EMPLOYMENT STATUS

☐ Employed ☐ Not employed ☐ Retired

SALARY (IF WORKING)

RETIREMENT AGE GOAL

FAMILY & DEPENDENTS

Children, grandchildren, or anyone who depends on you financially

NAME	RELATIONSHIP	AGE	FINANCIALLY DEPENDENT ON YOU?

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YOUR PRIORITIES & CONCERNS

Check anything that's on your mind

☐ Running out of money

☐ Taxes

☐ Healthcare costs

☐ Market ups and downs

☐ Leaving money to family

☐ Charitable giving

☐ Paying off debt

☐ When I can afford to retire

OTHER

PRE-RETIREMENT GOALS

Things you hope to accomplish before retirement

GOAL	DOLLAR AMOUNT	NOTES
Example: Pay off mortgage	\$40,000	2.75% interest rate, 10 years left

RETIREMENT GOALS

Things you hope to accomplish after retirement

GOAL	DOLLAR AMOUNT	NOTES
Example: Travel each winter	\$5,000	Del Boca Vista, January – April

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OTHER INCOME

Income beyond your salary, now or expected in the future

SOURCE	OWNER	MONTHLY AMOUNT	START / END DATE	NOTES
Rental income				
Part-time work in retirement				
Business income				
Expected inheritance				
Other				

SAVINGS SOURCES

Please attach copies of recent statements for any accounts listed below. This helps us accurately prepare your financial plan.

ACCOUNT TYPE	DESCRIPTION	OWNER	ACCOUNT VALUE	MONTHLY CONTRIBUTION	NOTES
Pension					
Social Security					
Annuity					
Traditional IRA					
Roth IRA					
401(k) / 403(b)					
457(b)					
SIMPLE IRA / SEP IRA					
Inherited IRA					
HSA (Health Savings Account)					
Brokerage / non-qualified					
Checking / savings					
Cash value life insurance					
Employer stock / stock options					
Other					

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DEBTS

DEBT TYPE	BALANCE	INTEREST RATE	MONTHLY PAYMENT	PAYOFF DATE
Mortgage				
Home equity loan / HELOC				
Car loan(s)				
Student loans				
Credit cards				
Other				
Other				

HOME & REAL ESTATE

PROPERTY	ESTIMATED VALUE	MORTGAGE OWED	NOTES
Primary home			
Second home / cottage			
Rental property			
Other			

INSURANCE POLICIES

Please attach copies of policies if available

POLICY TYPE	INSURED PERSON	COMPANY	COVERAGE AMOUNT	ANNUAL PREMIUM
Life insurance				
Long-term care				
Disability				
Umbrella				
Other				

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MONTHLY BUDGET

Tips: Enter monthly amounts. For expenses paid once a year (like property taxes, insurance, or vacations), divide the yearly cost by 12. Check **Essential** for expenses you must cover no matter what; leave it blank for flexible spending you could trim if needed.

ITEM	NOW	IN RETIREMENT	ESSENTIAL?
HOUSEHOLD			
Mortgage / rent			☐
Property taxes			☐
Electric			☐
Gas / propane			☐
Water			☐
HOA fees / garbage			☐
Phone / cell phone			☐
Cable / internet / streaming			☐
Home security			☐
Outdoor maintenance			☐
Home maintenance & repairs			☐
Home improvements			☐
Domestic help / cleaning			☐
Household purchases			☐
Groceries			☐
Childcare / education expenses			☐
Pets			☐
Other			☐
TRANSPORTATION			
Car payment(s)			☐
Gas			☐
Auto maintenance			☐
Registration & license fees			☐
Saving for next car			☐
HEALTHCARE			
Health insurance before 65			☐
Medicare premiums (Part B, Part D, Medigap / Advantage)			☐
Co-pays & deductibles			☐
Medications			☐
Dental, vision & hearing			☐
Specialty care (chiropractor, etc.)			☐

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MONTHLY BUDGET, CONTINUED

ITEM	NOW	IN RETIREMENT	ESSENTIAL?
PERSONAL			
Clothing			☐
Dry cleaning / laundry			☐
Personal care / beauty			☐
Hobbies			☐
Entertainment			☐
Travel			☐
Eating out			☐
Fitness			☐
Gifts			☐
Memberships / subscriptions			☐
Charitable contributions			☐
Other			☐
FAMILY SUPPORT			
Helping adult children / grandchildren			☐
529 / education contributions			☐
Care for aging parents			☐
INSURANCE PREMIUMS			
Auto			☐
Home			☐
Life / long-term care			☐
Umbrella			☐
Disability			☐
TAXES			
Estimated income taxes in retirement			☐
OTHER			
Savings			☐
Debt repayment			☐
Other			☐
Other			☐
Total monthly spending			

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ESTATE PLANNING

DOCUMENT	YES	NO	NOT SURE	YEAR LAST UPDATED
Will	☐	☐	☐	
Trust	☐	☐	☐	
Financial power of attorney	☐	☐	☐	
Healthcare power of attorney / patient advocate	☐	☐	☐	
Beneficiaries reviewed in the last 3 years	☐	☐	☐	

YOUR OTHER PROFESSIONALS

We're happy to coordinate with your CPA, attorney, and other advisors

PROFESSIONAL	NAME	FIRM	PHONE
CPA / tax preparer			
Estate attorney			
Insurance agent			
Other			

DOCUMENTS CHECKLIST

Please bring or attach copies of the following, if they apply

☐ Recent account statements

☐ Social Security statement (from ssa.gov)

☐ Pension estimates

☐ Last year's tax return

☐ Insurance policies

☐ Estate documents (will, trust, etc.)

☐ Recent pay stub

☐ Debt / mortgage statements

NOTES

Anything else you'd like us to know: questions, concerns, or plans on the horizon

Please return your completed workbook to:

Riley Planning & Investments
1600 E Beltline Ave NE, Suite 114, Grand Rapids, MI 49525
Email RPI@ceterawealth.com
Phone 616.486.6174 Fax 616.469.1624



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