

Your Retirement LIFESTYLE PLAN



Centric Wealth Management



Focused on YOU.

Personal Information

| | Client (C) | | | Co-Client (Co) | | |
|-------------------|--|---|--|--|---|--|
| Name | | | | | | |
| Date of Birth | / | / | Gender <input type="checkbox"/> M <input type="checkbox"/> F | / | / | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Employment Income | \$ _____ or <input type="checkbox"/> Retired | | | \$ _____ or <input type="checkbox"/> Retired | | |
| Marital Status | | | | State of Residence | | |

Children and Grandchildren (or any other Participant included in this plan)

| Name | Date of Birth | Relationship |
|------|---------------|--------------|
| | / / age: | |
| | / / age: | |

Expectations & Concerns - What do you most look forward to? What concerns you? Select what applies to you.

| Retirement Expectations | At Retirement | | | Retirement Concerns | At Retirement | | | Degree High/Med/Low |
|-----------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| | C | Co | Both | | C | Co | Both | |
| Active Lifestyle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Money Concerns | | | | |
| Quiet Lifestyle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Not having a paycheck | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Opportunity to Help Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Running out of money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Moving to a New Home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suffering investment losses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Work by Choice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leaving money to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Time to Travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health Concerns | | | | |
| Start a Business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cost of health care or long-term care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Time with Friends & Family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current or future health issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Less Stress - Peace of Mind | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dying early | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Living too long | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Getting ill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal & Family Concerns | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being bored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Parents needing care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Something Else/Other Concerns | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Top Five Concerns in Retirement: 1. Running out Money. 2. Cost of health care or long-term care. 3. Suffering investment losses. 4. Current or future health issues. 5. Not having a paycheck anymore.

Retirement Age and Living Expense

When would you like to retire? Enter your Target Retirement Age. Then, indicate how willing you are to delay retirement beyond that age, if it helps you fund your Goals. Then, indicate your living expense amount.

| | | | |
|---------------------------------------|--|--|---|
| At what age would you like to retire? | Client (e.g., age 65) | Co-Client (e.g., age 65, together) | <input type="checkbox"/> Use My Estimate \$ _____ <input type="checkbox"/> Use Program Estimate* |
| | <input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very | <input type="checkbox"/> Not at All <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Very | |

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 ↔ 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 | | | Target Amount | How Often | How Many Times |
|----------------------------------|-------------|-------|--------------------------|--------------------------|--------------------------|-----------|-------------------|
| | | Year | At Retirement | | | | |
| | | | C | Co | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |

Social Security Benefits

| | Client | Co-Client |
|-------------------|---|---|
| Are you eligible? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving Now |
| Amount of benefit | \$ <input type="checkbox"/> Use Program Estimate <input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____ | \$ <input type="checkbox"/> Use Program Estimate <input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____ |
| When to start | <input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement | <input type="checkbox"/> at Full Retirement Age (per Social Security) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement |

Retirement Income (pension, part-time work, rental property, annuities, royalties, alimony)

| Description | Owner | | Monthly Amount | Starts | Ends | Inflates? | % Survivor (Pension Only) |
|-------------|--------------------------|--------------------------|-------------------|--------|------|--------------------------|------------------------------|
| | C | Co | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | | <input type="checkbox"/> | % |
| | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | | <input type="checkbox"/> | % |

Investment Assets

Estimate of overall allocation: Cash ____% Bond ____% Stock ____%

| Description | Client | | Co-Client | |
|--------------------------------|--------------|------------------|----------------|------------------|
| | Value | Annual Additions | Value | Annual Additions |
| Total Employer Retirement Plan | \$ | \$ | \$ | \$ |
| Description | Client | | Co-Client | |
| | Value | Annual Additions | Value | Annual Additions |
| Total Traditional IRA | \$ | \$ | \$ | \$ |
| Total Roth IRA | \$ | \$ | \$ | \$ |
| Total Tax-Deferred | \$ | \$ | \$ | \$ |
| Joint Assets | Joint Assets | Annual Additions | Joint Assets | Value |
| Total Taxable | \$ | \$ | Total Tax-Free | \$ |

