

Your Retirement *Lifestyle* WORKBOOK



Centric Wealth Management



Focused on YOU.

Purpose of This Workbook and Helpful Checklist

This workbook is designed to help you collect and organize the information needed to develop your Retirement Plan which includes your goals and the resources available to fund them. Gathering information from the checklist below will help you move through workbook. It's a good idea to gather as much of this information as possible before you start filling in the workbook.

Statements:

These statements may be helpful throughout the workbook.

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

Retirement goals and associated costs

Consider what you might need or want in retirement and how much the items you select might cost.

- Basic living expenses
- Health care
- Car/truck
- Travel
- Home improvement
- College / education
- Providing care for a loved one
- New house
- Start a business
- Other major purchase
- Leave a bequest
- Other

Retirement income

Consider the source of income in retirement and the amount.

- Social Security benefits
we'll estimate them for you, unless you have your own amount to enter.
- Pension
- Annuity Income
- Alimony
- Part-time work
- Other

Investment assets

You will be able to enter totals for each of these asset types (for example, the total of all your Roth IRAs):

- Employer-sponsored plans
- Traditional IRAs
- Roth IRAs
- Taxable assets, e.g., stocks, bonds, CDs
- Tax-deferred accounts
- Tax-free accounts
- 529 college savings plans
- Other

Other assets

Select other assets you may have and estimate the dollar value.

- Home(s)
- Collectibles
- Personal property
- Business
- Real estate
- Life insurance with cash value
- Inheritance or gift
- Other

Liabilities or debt (total amount):

- Mortgages
- Equity lines of credit
- Vehicle loans
- Business loans
- Credit cards
- Personal lines of credit
- Education or student loans
- Other

Other information:

- Contributions and additions currently being made to retirement savings plans
- Projected employee benefits
- The date when major liabilities end
- Other life insurance policies

Thank you in advance for taking the time to gather some of this information so we can focus on the fun stuff: developing a plan that addresses your goals, hopes, and dreams in retirement.

Get Started on Your Retirement Plan

Personal Information

	Client (C)	Co-Client (Co)
Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	/ /	/ /
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker
Employment Income	\$	\$
Other Income (non-investment only)	\$	\$
Net Worth (Approx.)	<input type="checkbox"/> < \$250K <input type="checkbox"/> \$250K - \$500K <input type="checkbox"/> \$500K - \$1M <input type="checkbox"/> \$1M - \$2M <input type="checkbox"/> >\$2M	
Marital Status	State of Residence	

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

Name	Date of Birth	Relationship
	/ / age:	
	/ / 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				

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

Retirement Age *If already retired, skip to Planning Age*

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.

	Client	Co-Client
Target Retirement Age	Age:	Age:
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	<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?	<input type="checkbox"/> Both retire in the same year. <input type="checkbox"/> Either can retire first.	<input type="checkbox"/> Only Client can retire first. <input type="checkbox"/> Only Co-Client can retire first.

Planning Age

How long will you live in retirement? 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 how long you live in retirement.

	Client	Co-Client
Are you a smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<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	<input type="checkbox"/> Shorter than average <input type="checkbox"/> About Average <input type="checkbox"/> Longer than Average

Let's Talk About Your Goals

Taking time to define your goals in retirement is important. You'll want to prioritize your goals into needs, wants and wishes and ensure that you know what it will take to pay for each of your goals. Needs are the critical items such as basic living expenses (housing, food, clothing), health care, and a car or transportation. Wants are those items that are really important to you and wishes are things that aren't necessary but would be the icing on the cake.

Prioritizing your goals will help you be aware of what you need to focus on funding and where you can make trade offs, if needed. There are no right or wrong answers - this is your plan and your retirement.

1. Still Have College Expenses?

If you still have college expenses to pay, it may be a good idea to start with the College Goal.

- Enter all College Goals regardless if they occur before or during retirement.
- Enter as many College Goals as you need for kids, grandkids or even yourself, undergraduate or graduate.

2. What's Happening Before You Retire?

If you plan to use money from your Investment Assets (i.e., savings and investment accounts) to pay for any purchases or activities before you retire, you should create a separate Goal for each one.

- Review the Lifestyle Goals on the following pages and identify those that are important to you.
- DO create a Goal for expenses that will be paid (fully or partially) from Investment Assets (e.g., renovating the kitchen, or taking that BIG trip to Europe).
- DO NOT create Goals for any expenses that are paid entirely from your employment income (e.g., cars, annual vacations).

3. Retirement Lifestyle Goals - Start with the fun stuff!

Add a Lifestyle Goal for each significant purchase or activity that will make your retirement satisfying and enjoyable. Lifestyle Goals are above and beyond what you need to pay the basic expenses of day-to-day living.

- Review the Lifestyle Goals again. Which ones are important to your retirement satisfaction?
- Dream a little (or a lot). Create all the Goals you'd like, even if you're not sure you can afford them.

4. Retirement Living Expense

When would you like to retire? How willing are you to delay retirement in order to reach your Goals? Are you already retired? It's time to identify the amount for your basic living expenses during retirement. The budget worksheet can assist you in determining this amount.

Identifying individual Lifestyle Goals can help you make better financial decisions, and increase the overall satisfaction you obtain from your money during the rest of your life. You may even discover that you can do more with your money than you ever expected.

Goal Importance Scale

Use this scale in the next few Lifestyle pages to indicate the importance of each Goal on a scale of 10 - 1, with 10 being the most important. This exercise and rating groups your goals by Needs (what you must have), Wants (what you would like to have), and Wishes (what you wish to have).



Needs: Lifestyle Goals Before and After Retirement



Living Expense

Everyone must pay the bills. This Goal is for your basic day-to-day living expenses (e.g., food, clothes, utilities, etc.) during retirement. By making your Basic Living Expense a separate Goal, you can see exactly what it takes to pay the bills for the rest of your life. When you're confident that you have your basic expenses covered, you can sleep better at night and feel free to enjoy spending money to fulfill your other Retirement Lifestyle Goals.

Importance	Description	Target Annual Amount
10	Living Expense	\$ _____ or <input type="checkbox"/> Use Program Estimate if not Retired

Be sure you don't "double count" any expenses during retirement. For example, if you entered a separate Goal for a car, don't include the purchase cost of this car in your Living Expense, but do include all operating expenses (e.g., gas, taxes, maintenance). If you're not sure how much money you need, use the Budget Worksheet.

Adjustments to Living Expense

Your Retirement Living Expense amount may include some expenses that will end during retirement.

When the expenses end, your Living Expense amount would be reduced. Please indicate any expenses that will end.

Description	Annual Amount (current dollars)	Year Expense Will End	Check if amount inflates
<i>e.g., Mortgage</i>	\$ 16,000	2021	<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>



Health Care

If you believe that Health Care costs, beyond basic expenses such as your Medicare supplement, are likely to be particularly significant for you or your family, use this Goal to separate those costs from your retirement living expense.

Importance High Low 10 ↔ 1	Description	Year	Start			Target Amount	How Often	How Many Times
			At Retirement					
			C	Co	Both			
9	<i>e.g., Extra Health Expenses</i>	2029	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 10,000	Annual	10
			<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"/>	\$		



Car

Chevy? Lexus? One of each? Is it time for a convertible or sports car? To be sure you'll be driving what you want, add separate Goals for buying cars during retirement. Don't forget, you may have a trade-in. So use the amount you'll need after subtracting the trade-in value from the new car price.

Importance High Low 10 ↔ 1	Description	Year	Start			Target Amount after Trade-In	How Often	How Many Times
			At Retirement					
			C	Co	Both			
8	<i>e.g., John's SUV</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 30,000	Every 4 Yrs	6
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		

Lifestyle Goals - Before and After Retirement

Some common goals that may fall under wants and wishes include:



Travel - One Special Trip and/or Recurring Travel Fund

Is there one special place calling your name? Or do you want to travel every year? Create Travel Goals for one special trip, or for a recurring travel.



Home Improvement

Do you have plans to renovate? Will you continue living in your current home? Create Goals for major home improvements and repairs.



College Goal

If you plan to pay for all or part of a college education (or some other education program) for yourself, a child, or grandchild, make sure you have a Goal for it.



Provide Care for Someone

If you need money to take care of someone you love (e.g., your mother in a nursing home, or a child with special needs), make sure you have a Goal to pay for it.



New Home

Are you ready to trade-up or just want more space? Maybe it's time for that vacation home you've always wanted. Make it a Goal and make it come true.



Major Purchase

You've always wanted a _____? A sail boat? A motor home? A hot tub? A snowmobile? Whatever it is, go for it. Fill in the blank, and make it a Goal.



Start Business

If you plan to start a business or buy a business franchise, make it a Goal and make it a success.



Leave Bequest

Do you want to leave something for the kids, your church or alma mater? Create bequests for the money you'd like to leave at your death to family, friends, charities and institutions.



Wedding

Who's getting married? Want to help pay for the wedding? If you plan to pay for all or part of the cost of a wedding, include it as a Goal.



Celebration

What special events do you look forward to celebrating? Do you have a Bar Mitzvah, Bat Mitzvah, family reunion, anniversary or retirement party in your future? A celebration can make a great Goal.



Private School

Do you want to give your kids or grandkids the benefit of a private school education? Make it a Goal.



Gifts - Donations - Help

Is it time to give back? Or maybe your parents or kids need help. Use Gift Goals for anything from holiday presents to cash gifts for family members or organizations.



Anything Else / Other

Did we miss something? If it's expensive or important and doesn't have its own picture - make it an Anything Else Goal, but be sure to add a good description.

Wants: Lifestyle Goals Before and After Retirement

Importance High Low 10 ↔ 1	Description	Start				Target Amount	How Often	How Many Times
		Year	At Retirement					
			C	Co	Both			
			<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"/>	\$		
			<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"/>	\$		
			<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"/>	\$		

Wishes: Lifestyle Goals Before and After Retirement

Importance High Low 10 ↔ 1	Description	Start				Target Amount	How Often	How Many Times
		Year	At Retirement					
			C	Co	Both			
			<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"/>	\$		
			<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"/>	\$		

Want/Wish: Leave Bequest Goal

Importance High Low 10 ↔ 1	Description	Recipient	When Will This Bequest Be Given?			Target Amount
			End of Plan			
			C	Co	Both	
2	<i>e.g., Bequest to My College</i>	<i>State College</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100,000
			<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"/>	\$

Retirement Income

Identify all the resources you have to fund your Goals. Don't worry about determining the exact amounts.

Social Security Benefits - *if available, provide your Social Security estimate statement.*

	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"/> Use Program Estimate
	<input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____			<input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____		
When to start	<input type="checkbox"/> at Full Retirement Age (per Social Security)			<input type="checkbox"/> at Full Retirement Age (per Social Security)		
	<input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement			<input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement		

Part-Time Work & Other Retirement Income - Don't include interest or dividend income from your investments. Include income from part-time work, rental property, annuities, royalties, alimony, etc. All amounts are pre-tax and begin at retirement unless otherwise noted.

Description	Client		Co-Client	
	Monthly Income	Yr It Ends or No. of Yrs	Monthly Income	Yr It Ends or No. of Yrs
<i>e.g., Part-time</i>	\$ 1,000	5	\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Pension Income - *If available, provide your pension statement.*

If you have a lifetime pension, put "End of Life" in "Year It Ends" column.

Description	Whose is it?		Monthly Income	Yr It Ends or No. of Yrs	% Survivor Benefit	Check if amount inflates
	C	Co				
<i>e.g., ABC Pension</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1,500	<i>End of Life</i>	50%	<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"/>

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)	\$	\$ or %	%	%	%
Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
Cash Value Life Insurance	\$	\$	%	%	%
Taxable	\$	\$			

Co-Client

Investment Type	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
Retirement Plans (e.g., 401k, 403b)	\$	\$ or %	%	%	%
Employer Match	\$	\$ or %			
Traditional IRA	\$	\$	%	%	%
Roth IRA	\$	\$	%	%	%
529 Savings Plan	\$	\$	%	%	%
Annuities	\$	\$	%	%	%
Cash Value Life Insurance	\$	\$	%	%	%
Taxable	\$	\$	%	%	%

Joint Accounts

Description	Current Value	Annual Additions	Approximate Allocation		
			Cash	Bond	Stock
	\$	\$	%	%	%
	\$	\$	%	%	%
	\$	\$	%	%	%

Joint Accounts

Could you save more to fund your Goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, enter the maximum extra amount you could save each year in addition to the amounts above:	\$	<input type="checkbox"/> Use program estimate of 5% of employment income
How willing are you to save more?	<input type="checkbox"/> Not at All <input type="checkbox"/> Somewhat	<input type="checkbox"/> Slightly <input type="checkbox"/> Very

Other Assets

Primary Residence

Owner	
Current Value	\$
Growth Rate	%

Business

Owner	
Current Value	\$
Growth Rate	%

If you intend to sell this home or business to fund your Goals, enter the following:

Description	Year to Sell			Estimate of Cash Received (after-tax)			
	Enter Year	At Retirement			Low	Expected	High
		C	Co	Both			
Primary Residence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
Business		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$

Other Assets (Other Homes, Real Estate, Personal Property, Collectables, Inheritance)

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

Liabilities

Description	Owner			Current Balance	Monthly Payment	Term	Interest Rate
	C	Co	Joint				
	<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"/>				

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?

Household	Client	Co-Client

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

	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.*

Other Information

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

Insurance - have your insurance reviewed and analyzed to see if you have enough coverage.

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

Estate - completing this section can help review your Estate plans.

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

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	\$	\$
Disability for Spouse	\$	\$
Life for Client	\$	\$
Life for Spouse	\$	\$
Long Term Care for Client	\$	\$
Long Term Care for Spouse	\$	\$
Medical for Client	\$	\$
Medical for Spouse	\$	\$
Umbrella Liability	\$	\$
Other	\$	\$
TOTAL	\$	\$

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

Notes:

Centric Wealth Management



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