

# Retirement Income Planning Fact Finder

Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Retirement Age: \_\_\_\_\_

At what age do you plan to start receiving Social Security benefits? \_\_\_\_\_  Don't Know

Spouse's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Retirement Age: \_\_\_\_\_

At what age do you plan to start receiving Social Security benefits? \_\_\_\_\_  Don't Know

## INVESTMENTS & RISK

If the markets were to decline early in your retirement, what would you do?

- Not sell and stay with my long term plan
- Sell most of my risky investments and buy more conservative ones
- Sell the majority of my portfolio and buy more conservative investments
- Sell my entire portfolio and remain in cash until the market recovers

Based on your tolerance for fluctuations in the market, as well as your overall investment goals, how comfortable are you with risk in your portfolio?

More risk ← \_\_\_\_\_ → Less risk

Risk is not a concern    
  Comfortable with higher risk investments    
  Somewhat comfortable with risk    
  Prefer moderate risk    
  Comfortable with mostly lower-risk    
  Prefer low-risk investments

Assumed Investment Growth Rate at Retirement: \_\_\_\_\_%

## INCOME IN RETIREMENT

SOURCE	NOTES	MONTHLY INCOME	
		You	Spouse
Social Security:	_____	\$ _____	\$ _____
Pension Plans:	_____	\$ _____	\$ _____
Annuity Income:	_____	\$ _____	\$ _____
Rental Income:	_____	\$ _____	\$ _____
Other:	_____	\$ _____	\$ _____
TOTAL MONTHLY INCOME:		\$ _____	\$ _____

## EXISTING INSURANCE

### LIFE INSURANCE

Insured: \_\_\_\_\_

Type: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Loan Amount, if any: \_\_\_\_\_

Insured: \_\_\_\_\_

Type: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Loan Amount, if any: \_\_\_\_\_

Insured: \_\_\_\_\_

Type: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Loan Amount, if any: \_\_\_\_\_

Insured: \_\_\_\_\_

Type: \_\_\_\_\_

Face Amount: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Loan Amount, if any: \_\_\_\_\_

### DISABILITY INCOME INSURANCE

Type: \_\_\_\_\_

Benefit Amount: \_\_\_\_\_

Issue Date: \_\_\_\_\_



## ASSETS

### EMPLOYER-SPONSORED RETIREMENT PLANS (401(k), 403(b), SEP, etc.)

Type	% Stocks	% Bonds	% Cash	Annual Contributions		Estimated Value at Retirement	
				You	Employer	You	Spouse
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

### TRADITIONAL IRAS, ROLLOVER IRAS, ROTH IRAS

Type	% Stocks	% Bonds	% Cash	Annual Contributions	Estimated Value at Retirement	
					You	Spouse
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

### TAXABLE MUTUAL FUNDS, INDIVIDUAL SECURITIES

Type	% Stocks	% Bonds	% Cash	Annual Contributions	Estimated Value at Retirement	
					You	Spouse
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

### TAX-DEFERRED ANNUITIES

Type	% Stocks	% Bonds	% Cash	Annual Contributions	Estimated Value at Retirement	
					You	Spouse
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

### SAVINGS ACCOUNTS, CHECKING ACCOUNTS, CDS

Type	Annual Contributions	Estimated Value at Retirement	
		You	Spouse
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

### OTHER

Type	% Stocks	% Bonds	% Cash	Annual Contributions	Estimated Value at Retirement	
					You	Spouse
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

### ADDITIONAL ASSETS/FINANCIAL EVENTS

Description	Estimated Value at Retirement	
	You	Spouse
Real Estate _____	\$ _____	\$ _____
Inheritance _____	\$ _____	\$ _____
Stock Options _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**TOTAL ASSETS:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

Are you interested in leaving any assets to your loved ones or favorite charity?  Yes  No

## RETIREMENT EXPENDITURES

		Amount (Monthly \$)	Is It Essential?	Will It Vary?
<b>HOUSING</b>	Homeowner's Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Household Improvement and Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Mortgage/Rent/Association Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Property Tax	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>UTILITIES</b>	Electric	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Oil/Gas	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone/Cable/Satellite/Internet Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Water/Sewer	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Garbage	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONAL</b>	Clothing	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Groceries	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Laundry/Dry Cleaning	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Care	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEALTH CARE</b>	Dental, Vision and Hearing	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Medicare Premiums and Expenses	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Medicare Supplement (Medigap) Premiums	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Prescriptions	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Long-Term Insurance Premiums	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Disability Income Insurance Premiums	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Life Insurance Premiums	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FAMILY CARE</b>	Support of Children or Grandchildren	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Support of Parents	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Other Obligations	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRANSPORTATION</b>	Auto Loan or Lease Payment	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Excise Tax/Registration Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Gasoline	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Routine Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>RECREATION</b>	Club Memberships	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Hobbies	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Travel and Vacations	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>ENTERTAINMENT</b>	Dining Out	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Movies/Theater/Sporting Events	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Other	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHARITABLE DONATIONS</b>	Charitable Donations	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>GIFTS</b>	Gifts	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>	Expense 1:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 2:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 3:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 4:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 5:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	Expense 6:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL ESSENTIAL EXPENSES \$** \_\_\_\_\_ **TOTAL DISCRETIONARY EXPENSES \$** \_\_\_\_\_

## FILLING INCOME GAPS

Ideally, lifetime income sources provide income to cover essential expenses and managed assets provide income to cover discretionary spending. Managed assets may need to be shifted in order to cover all essential expenses.

Following this process helps protect against retirement income risks. Using guaranteed\* income sources to meet essential expenses helps address the issue of living longer and provides some assurance that you can cover basic needs for as long as you live. The remainder of your assets can then be directed to investments with more growth potential to help protect against inflation and market volatility.

### INCOME GAP A

Income: \$ \_\_\_\_\_ - Essential Expenses \$ \_\_\_\_\_ = Income Gap A: \$ \_\_\_\_\_

What assets can be converted to lifetime income to fill income gap A?

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

What income from assets can be used to fill income gap A?

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

At this withdrawal rate, how long will these assets last? \_\_\_\_\_ years

### INCOME GAP B

Income: \$ \_\_\_\_\_ - Discretionary Expenses \$ \_\_\_\_\_ = Income Gap B: \$ \_\_\_\_\_

What assets can be used to fund discretionary expenses?

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

At this withdrawal rate, how long will these assets last? \_\_\_\_\_ years

What options are there for creating more income or reducing expenses? \_\_\_\_\_

### HOW WILL THIS PICTURE CHANGE IF ONE SPOUSE PREDECEASES THE OTHER?

What income will be lost?

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

What expenses will be cut or reduced?

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

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