# LIFETIME PLANNING WORKSHEET

for

______________________________

Completed on

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YOUR FINANCIAL CHOICES
With Laurie A. Siebert, CPA, CFP®

Valley National
Financial Advisors

MyRetirementPro.com

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# LIFE GOALS


| Life Goal | Description | When |
|---|---|---|
| Retire | Ex. Work part-time at the golf course | |
| Family Vacation | Ex. Take kids and spouse to Europe | |
| New House | Ex. Build dream home | |
| Education | Ex. Get advanced degree | |
| Learn a new language | | |
| | | Monthly |
| **Financial Goal** | **Description** | **Financial Goal** |
| | | |
| Financial Independence | Ex. At retirement | |
| | Ex. No debt | |
| | | |
| Budgeting | Cash Flow | |
| | | |
| Education Planning | Child 1 | |
| | Child 2 | |
| | Self | |
| | | |
| Retirement Planning | Contribution | |
| | Date of retirement | |
| | Taxes | |
| | | |
| Disability | Coverage | |
| | Power of Attorney | |
| | | |
| Survivor needs | Will | |
| | Trust | |
| | Insurance | |
| | | |
| Special Goals | Wedding | |
| | Boat | |
| | Family European Vacation | |
| | | |

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# BALANCE SHEET SUMMARY


| | | | | | |
|---|---|---|---|---|---|
| **ASSETS:** | | | | | |
| Cash Equivalents | $ - | $ - | $ - | $ - | $ - |
| Common Stocks | $ - | $ - | $ - | $ - | $ - |
| Mutual Funds | $ - | $ - | $ - | $ - | $ - |
| Variable Annuities | $ - | $ - | $ - | $ - | $ - |
| Life Insurance Cash Surrender Value | $ - | $ - | $ - | $ - | $ - |
| Real Estate | $ - | $ - | $ - | $ - | $ - |
| Personal Property | $ - | $ - | $ - | $ - | $ - |
| Retirement Assets | $ - | $ - | $ - | $ - | $ - |
| Other | $ - | $ - | $ - | $ - | $ - |
| **TOTAL:** | $ - | $ - | $ - | $ - | $ - |
| | | | | | |
| **LIABILITIES:** | | | | | |
| Credit Cards | $ - | $ - | $ - | $ - | $ - |
| Other Liabilities | $ - | $ - | $ - | $ - | $ - |
| Mortgage / Home Equity Loan: | $ - | $ - | $ - | $ - | $ - |
| Car Loans: | $ - | $ - | $ - | $ - | $ - |
| Student Loans: | $ - | $ - | $ - | $ - | $ - |
| **TOTAL:** | $ - | $ - | $ - | $ - | $ - |
| | | | | | |
| | | | | | |
| **TOTAL ASSETS** | $ - | $ - | $ - | $ - | $ - |
| | | | | | |
| **TOTAL LIABILITIES** | $ - | $ - | $ - | $ - | $ - |
| | | | | | |
| **NET WORTH** | $ - | $ - | $ - | $ - | $ - |

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# BALANCE SHEET DETAIL
## ASSETS

| ASSETS | FAIR MARKET VALUE AMOUNT | TITLING | | | BENEFICIARY | CONTINGENT BENEFICIARY |
|---|---|---|---|---|---|---|
| | | SELF | SPOUSE | JOINT | | |
| | | | | | | |
| **Cash Equivalents:** | | | | | | |
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| **Common Stocks:** | | | | | | |
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| **Mutual Funds:** | | | | | | |
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| **Variable Annuity:** | | | | | | |
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| **Life Insurance CSV:** | | | | | | |
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| **Real Estate:** | | | | | | |
| Investment | | | | | | |
| Personal | | | | | | |
| | | | | | | |
| **Personal Property:** | | | | | | |
| Personal Belongings | | | | | | |
| Collectibles | | | | | | |
| Automobiles/Boats | | | | | | |
| | | | | | | |
| **Retirement Assets:** | | | | | | |
| 401K | | | | | | |
| IRA | | | | | | |
| Roth IRA | | | | | | |
| | | | | | | |
| **Educations Accounts:** | | | | | | |
| 529 Plans | | | | | | |
| Coverdell Savings Plan (Educational IRA) | | | | | | |
| | | | | | | |
| | | | | | | |
| **TOTAL ASSETS** | $ - | | | | | |

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# BALANCE SHEET DETAIL
# LIABILITIES & NET WORTH

| | | TITLING | | |
|---|---|---|---|---|
| LIABILITIES AND NET WORTH | AMOUNT | SELF | SPOUSE | JOINT |
| | | | | |
| **Credit Cards:** | | | | |
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| **Other Liabilities:** | | | | |
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| **Mortgage / Home Equity Loan:** | | | | |
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| **Car Loans:** | | | | |
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| **Student Loans:** | | | | |
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| **TOTAL LIABILITIES** | $ - | | | |
| **NET WORTH** | $ - | | | |
| **TOTAL ASSETS AND NET WORTH** | $ - | | | |

# LIFE INSURANCE


| Insured | Owner | Beneficiary | Contingent Beneficiary | Death Benefit | Cash Surrender Value | Annual Premium |
|---|---|---|---|---|---|---|
| | | | | | | |
| Self: | | | | | | |
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| Spouse: | | | | | | |
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# OTHER INSURANCE






| Insurance Type | Carrier | Benefit Type | Amount | Annual Premium |
|---|---|---|---|---|
| | Vendor/Group | | | |
| Auto 1 | | Deductible | | |
| | | Collision | | |
| | | Comprehensive | | |
| | | | | |
| Auto 2 | | Deductible | | |
| | | Collision | | |
| | | Comprehensive | | |
| | | | | |
| Self: | | | | |
| Disability - Short-term | | Income Replacement | | |
| Disability - Long-term | | Income Replacement | | |
| | | | | |
| Spouse: | | | | |
| Disability - Short-term | | Income Replacement | | |
| Disability - Long-term | | Income Replacement | | |
| | | | | |
| Homeowners: | | Deductible | | |
| | | Contents | | |
| | | Dwelling | | |
| | | | | |
| Umbrella Policy | | Coverage | | |
| | | | | |
| Self: | | | | |
| Long-term Care: | | Adult Day Care | | |
| | | Assisted Living | | |
| | | Home Health | | |
| | | Nursing Skilled Care | | |
| | | | | |
| Spouse: | | | | |
| Long-term Care: | | Adult Day Care | | |
| | | Assisted Living | | |
| | | Home Health | | |
| | | Nursing Skilled Care | | |
| | | | | |
| Medical: | | | | |
| | | Deductible Per Family | | |
| | | Major Medical | | |
| | | | | |
| Dental: | | | | |
| | | | | |
| Eye: | | | | |
| | | | | |

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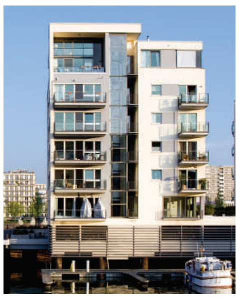
# CASH FLOW

**PAID MONTHLY** **PAID ANNUALLY**

**INCOME SOURCES:**
- Wages
- Pension
- Social Security
- Investment Income - Type:___________
- Other: ___________________________

**TOTAL INCOME SOURCES:**



**HOUSING EXPENSES:**
- Mortgage or Rent
- Property Taxes
- Insurance
- Utilities
- Maintenance
- **SUBTOTAL HOUSING EXPENSES:**

**TRANSPORTATION EXPENSES:**
- Car Payments
- Insurance
- Gas/Maintenance
- **SUBTOTAL TRANSPORT. EXP:**

**FOOD AND BEVERAGES**

**CLOTHING/FURNISHINGS**

**MEDICAL/DENTAL/DRUGS**

**PERSONAL CARE AND CASH**

**INSTALLMENT PAYMENTS**

**INSURANCE EXPENSES:**
- Life
- Health
- Liability
- **SUBTOTAL INSURANCE EXPENSE:**

**TAXES:**
- Income - Federal, State, Local
- Social Security - withholdings on wages

**ENTERTAINMENT:**
- Dining Out/Recreation
- Gifts
- **SUBTOTAL ENTERTAINMENT:**

**VACATION AND HOLIDAYS**

**CHARITABLE CONTRIBUTIONS**

**MISCELLANEOUS**

**TOTAL LIVING EXPENSES**