



## *Building your Master Plan*

When it comes to the next phase of life, the earlier you prepare, the better off you will be. Just like planning a wedding or building a new home, there are a myriad of issues to consider, and our team is ready to help you navigate all the decisions.

You will want to ensure you have the income, resources, and safety nets in place to help provide a comfortable life for both you and your loved ones.

There are many decisions and trade-offs to consider such as lifestyle goals, spending, where your retirement income will come from, do you have essential estate documents in place, and are you planning on providing for others during your retirement or after you're gone?

Are you prepared? The next two pages help us prepare a plan for you that best fits your desires, dreams, and goals to get you retirement ready.

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## PERSONAL INFORMATION

	Client (C)		Co-Client (Co)	
Name				
Date of Birth	/ /		/ /	
Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Homemaker
	<input type="checkbox"/> Presently Not Working		<input type="checkbox"/> Presently Not Working	
Employment Income	\$		\$	
Other Income (non-investment only)	\$		\$	
Desired retirement age				
How willing are you to retire later if it may help you achieve your goals?	<input type="checkbox"/> Not at All	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at All	<input type="checkbox"/> Somewhat
	<input type="checkbox"/> Part-time work	<input type="checkbox"/> Very	<input type="checkbox"/> Part-time work	<input type="checkbox"/> Very



## ESSENTIAL LIVING EXPENSES IN RETIREMENT

The amount required to cover your essential needs (e.g., housing, utilities, food, transportation, property taxes, etc.)

**Approximately how much will you need to meet your essential living expenses in retirement?**

\$\_\_\_\_\_ /  month  year  I'm not sure. Use an estimate for now.

**If one spouse retires before the other, will withdrawals from savings be needed to meet expenses?**

Yes \$\_\_\_\_\_ /  month  year  No

**Will you have employer-sponsored healthcare in retirement?**  Yes  No

## DESIRED SPENDING GOALS

Think about some of the ideal ways you would like to spend your money either prior to or during retirement and list them below. Examples might be travel, gifting, luxury items, home remodel, new car, etc.

Name & Description of Goal	Importance		When Will Goal Start			Dollar Amount	How Often	
	Low	High	Start Year	At Retirement				
	1	10		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"/>	\$	

*Don't call it a dream - call it a plan*

## SOCIAL SECURITY RETIREMENT BENEFITS

\* You may complete this section or provide us with a copy of your benefit statement. To obtain an estimate of your Social Security benefits go to [ssa.gov/myaccount/](http://ssa.gov/myaccount/).

	Client (C)		Co-Client (Co)	
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
Benefit Amount (Full Retirement Age)	\$	<input type="checkbox"/> Use an Estimate	\$	<input type="checkbox"/> Use an Estimate
When will you start collecting?	<input type="checkbox"/> When I Retire	<input type="checkbox"/> At Age _____	<input type="checkbox"/> When I Retire	<input type="checkbox"/> At Age _____

## RETIREMENT INCOME SOURCES

List any pensions, rental income, part-time work, etc.

Description	Recipient		Amount	Starts	Ends	Inflation Adjustment	Survivor Pension %
	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"/>	\$			%	%

## INVESTMENT ASSETS & SAVINGS

List any investment assets held outside of our firm. Include employer retirement plans, IRAs, brokerage accounts, etc.

Account Description Include account type and where it is held	Client		Co-Client	
	Current Value	Annual Additions	Current Value	Annual Additions
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

## OTHER ASSETS

Please list any other assets (nonfinancial) such as home, business, collectibles, investment properties, etc.

Asset Description	Owner	Current Value
		\$
		\$
		\$
		\$

## RISK TOLERANCE

On a scale of 1 to 100 (1=lowest, 100=highest), how would you rate your willingness to take risk with your investments?

Client \_\_\_\_\_

Co-Client \_\_\_\_\_

For our next meeting, please bring the following items:

- ▶ Social Security statement(s)
- ▶ Investment / Brokerage / Bank statement(s)
- ▶ Employer Retirement Plan statement(s)
- ▶ Insurance Policies