

## **Retirement Income Worksheet**

This worksheet will give you an idea of what your income in retirement will look like.

## **Guaranteed Income**

Defined Benefit Pension	
My benefit	\$
Other benefit	\$
Defined Benefit Supplement Payment	
Pension Income (Personal Retirement Account)	\$
National Insurance	
Pension benefit	\$
Other benefit	\$
Other Guaranteed Income	
Other income	\$
Total Guaranteed Monthly Income	
Total Guaranteed Monthly Income	\$

Gua	ranteed Income Checklist
	Have I received estimates of my monthly benefits from all sources
	Do these income sources adjust with inflation
	What are the tax considerations of these income sources?
	What happens to these income sources if I or my significant other dies?

## Non-Guaranteed Income

Brokerage/Savings Accounts	
Monthly distributions	\$
Work/Part-Time Work	
Income	\$
Income Outside of Work	
Real estate rental income	\$
Other	\$
Total Non-Guaranteed Monthly Income	
Total Non-Guaranteed Monthly Income	\$
TOTAL MONTHLY INCOME	\$

Non	-Guaranteed Income Checklist
	Do I have a strategy for taking distributions from each account?
	Have I looked into converting these accounts to guaranteed income, if needed?
	What are the tax considerations of these income sources?

## **Retirement Expense Worksheet**

Categorize each monthly expense as a Must-Have or a Want. If an item is both, allocate separate amounts for each and then total them.

Expenses	Must-Have	Want	Total			
Home						
Mortgage/rent	\$	\$	\$			
Association dues	\$	\$	\$			
Home repair/maintenance	\$	\$	\$			
Utilities						
Utilities (gas, electricity, water)	\$	\$	\$			
Home phone/cell phone	\$	\$	\$			
Food & Household Items						
Groceries	\$	\$	\$			
Eating out	\$	\$	\$			
Household supplies	\$	\$	\$			
Transportation						
Car loan payments	\$	\$	\$			
Gas	\$	\$	\$			
Car insurance	\$	\$	\$			
Car maintenance/repairs	\$	\$	\$			
Health & Grooming						
Health insurance premiums	\$	\$	\$			
Life insurance premiums	\$	\$	\$			
Long-term care insurance premiums	\$	\$	\$			
Medical out-of-pocket expenses	\$	\$	\$			
Prescription medication	\$	\$	\$			
Gym/health club dues	\$	\$	\$			
Clothing	\$	\$	\$			
Personal care products/maintenance	\$	\$	\$			
Entertainment/Recreation		_				
Cable TV, internet, streaming services	\$	\$	\$			
Movies, concerts, sports, other events	\$	\$	\$			
Pet care	\$	\$	\$			
Newspapers, magazines, books	\$	\$	\$			
Vacations/travel	\$	\$	\$			
Hobbies	\$	\$	\$			
Gifts	\$	\$	\$			
Debt Obligations		1.				
Credit card payments	\$	\$	\$			
Loan payments	\$	\$	\$			
Other						
Other	\$	\$	\$			
Other	\$	\$	\$			
TOTAL	\$	\$	\$			