

Retirement Cash Flow Worksheet and Budget

Date: _____

Name: _____

Part 1: Retirement Income Estimation Worksheet:

	Annual Income \$	CPI Indexed? y	
Continued Employment of Spouse	_____	..	(Until Age: _____)
Part Time Employment	_____	..	(From Age: _____ Until : _____)
Part Time Employment	_____	..	(From Age: _____ Until : _____)
Pension Plan:	_____	..	(From Age: _____ Until : _____)
Pension Plan:	_____	..	(From Age: _____ Until : _____)
Pension Plan	_____	..	(From Age: _____ Until : _____)
Annuity:	_____	..	(From Age: _____ Until : _____)
Annuity:	_____	..	(From Age: _____ Until : _____)
Government Benefits - Own:	_____	..	(From Age: _____)
Government Benefits - Own:	_____	..	(From Age: _____)
Government Benefits - Spouse:	_____	..	(From Age: _____)
Government Benefits - Spouse:	_____	..	(From Age: _____)
Rental Income:	_____	..	(From: _____ Until : _____)
Royalty Income:	_____	..	(From: _____ Until : _____)
Other	_____	..	(From: _____ Until : _____)
Other	_____	..	(From: _____ Until : _____)

Part 2: Retirement Expenses Estimation Worksheet:

	Monthly\$	Annual\$	
Housing			
Mortgage	_____	_____	
(Final payment date of the mortgage _____)			
Rent paid	_____	_____	
Condominium Fees	_____	_____	
Property Insurance	_____	_____	
Property Tax	_____	_____	
Heat	_____	_____	
Water	_____	_____	
Electricity	_____	_____	
Security & Alarm	_____	_____	
Maintenance & Repairs	_____	_____	
Other	_____	_____	
Other	_____	_____	
TOTAL Housing Expenses		_____	CE
TOTAL Essential Housing Expenses		_____	CE'
Household and Living Expenses:			
Food, Groceries	_____	_____	
Dry Cleaning & Laundry	_____	_____	
Decorating & Painting	_____	_____	
Carpet Cleaning	_____	_____	
Gardening	_____	_____	
Pool Care	_____	_____	
Pet Care	_____	_____	
Kennel	_____	_____	
Maid Service	_____	_____	
Computer Equipment & Maintenance	_____	_____	
Pocket Money	_____	_____	
Clothing	_____	_____	
Footwear	_____	_____	

	Monthly \$	Annual \$	
Dependent Support 1	_____	_____	
Dependent Support 2	_____	_____	
Anniversary Gifts	_____	_____	
Seasonal Gifts	_____	_____	
Other Gifts	_____	_____	
Donations	_____	_____	
Other	_____	_____	
Other	_____	_____	
TOTAL Household and Living Expenses	_____	_____	•
TOTAL Essential Household and Living Expenses	_____	_____	• ' ,

Transportation Expenses:

Car Loan Payments	_____	_____	
(Final payment date of the car loan: _____)			
Lease Payments	_____	_____	
Maintenance & Repairs	_____	_____	
License Fees	_____	_____	
Gasoline	_____	_____	
Oil Change	_____	_____	
Parking	_____	_____	
Car Insurance	_____	_____	
Car Rental	_____	_____	
Public Transportation	_____	_____	
Other	_____	_____	
Other	_____	_____	
TOTAL Transportation Expenses	_____	_____	Ž
TOTAL Essential Transportation Expenses	_____	_____	Ž ' ,

	Monthly \$	Annual \$
Investment Expenses:		
Investment Loan Payments	_____	_____
(Final payment date of the investment loan: _____)		
Professional Fees: Accounting	_____	_____
Professional Fees: Legal	_____	_____
Professional Fees: Other	_____	_____
Investment related Subscriptions	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL Investment Expenses	_____	_____
TOTAL Essential Investment Expenses.....	_____	_____

Personal and Health Care Expenses:		
Hair Care	_____	_____
Beauty Supplies	_____	_____
Personal Care	_____	_____
Manicure, Pedicure	_____	_____
Doctors	_____	_____
Dentists	_____	_____
Prescription Drugs	_____	_____
Nutritional Supplements, Vitamins	_____	_____
Visiting Home Care	_____	_____
Live-in Home Care	_____	_____
Medical & Support Equipment	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL Personal & Health Care Expenses.....	_____	_____
TOTAL Essential Personal & Health Care Expenses ..	_____	_____

	Monthly \$	Annual \$
Communication Expenses:		
Telephone	_____	_____
Mobile Phone	_____	_____
Cable TV	_____	_____
Satellite TV	_____	_____
Pay TV	_____	_____
Internet	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL Communication Expenses.....	_____	/
TOTAL Essential Communication Expenses	_____	/ /
 Personal Insurance Expenses:		
Term Life Insurance 1	_____	_____
(Final premium payment date, if any : _____)		
Term Life Insurance 2	_____	_____
(Final premium payment date, if any : _____)		
Permanent Life Insurance 1	_____	_____
(Final premium payment date, if any : _____)		
Permanent Life Insurance 2	_____	_____
(Final premium payment date, if any : _____)		
Long Term Care Insurance 1	_____	_____
(Final premium payment date, if any : _____)		
Long Term Care Insurance 2	_____	_____
(Final premium payment date, if any : _____)		
Critical Illness Insurance 1	_____	_____
(Final premium payment date, if any : _____)		
Critical Illness Insurance 2	_____	_____
(Final premium payment date, if any : _____)		
Private Health / Dental Care 1	_____	_____
Private Health / Dental Care 2	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL Personal Insurance Expenses	_____	/
TOTAL Essential Personal Insurance Expenses	_____	/ /

Monthly \$

Annual \$

Recreational & Entertainment Expenses:

Clubs	_____	_____
Travel	_____	_____
Camping	_____	_____
Sports Equipment	_____	_____
Books	_____	_____
Newspapers	_____	_____
Adult Education	_____	_____
Hobbies	_____	_____
Hobbies	_____	_____
Hobbies	_____	_____
Dining Out.....	_____	_____
Entertaining at Home	_____	_____
Theatre, Ballet, Concerts	_____	_____
Sports Events	_____	_____
Tobacco	_____	_____
Alcohol	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL Recreational and Entertainment Expenses	_____	_____ "
TOTAL Essential Rec. and Ent. Expenses	_____	_____ " "

Add up all your Expenses:	Required	Essential
Housing	€ _____	€' _____
Household and Living Expenses	• _____	• ' _____
Transportation Expenses	Ž _____	Ž' _____
Investment Expenses	• _____	• ' _____
Health Care Expenses	• _____	• ' _____
Communication Expenses	' _____	' ' _____
Personal Insurance Expenses	' _____	' ' _____
Recreational & Entertainment Expenses	" _____	" ' _____
TOTAL EXPENSES	" _____	" ' _____

Estimated Income Taxes _____

(add estimated income taxes to total expenses)

	Required:	Essential:
TOTAL EXPENSES including income taxes:	_____	_____

Other Potential Expense Considerations:

- Buy a car every ____ years starting at age ____ until age ____.
- Increase Health Care Expenses by \$ ____ after age ____.
- Increase Health Care Expenses again by \$ ____ after age ____.
- Decrease Travel expenses by \$ ____ after age ____.
- Sell house at age _____
- Move to nursing home at age ____