

Instructions:

1. Please gather all of the documents listed on the following page which will help us to create your personal retirement analysis.
2. Please enter all of your monthly expenses on the budget worksheet.
3. These forms should be completed and brought with you on your first appointment.

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In order to make your “Retirement Profile” personal and accurate, you will need to have the following information when we get together:

1. **Recent pay stub(s)** so we can accurately calculate current income.
2. Current balances of any **Retirement Accounts** which are specifically earmarked for retirement including **IRAs, 401Ks, brokerage statements, mutual funds, stocks, variable annuities, fixed annuity contracts, etc.** Also make sure to include **cash on hand** and/or **emergency fund** balances.
3. Most recent copies of any personal **insurance statements** including **life insurance, long term care and disability income insurance.**
4. A recent **Statement(s) of Benefits from the Social Security Administration.** If you do not have your statement(s), please log on to www.ssa.gov and click “My Social Security” to create an account. If you already have an account you should be able to download your most recent statement. If you have further questions please call the Social Security office toll-free at 800-772-1213.
5. **Insurance or pension benefits provided by your employer,** if any. This may include health, life or disability income insurance policies, along with any pension benefit statements. Please make sure if you have a pension that you have the pension benefits available. This information can be obtained by contacting your pension plan.
6. **Most recent tax return** (state & federal). We will need your total itemized deductions and personal exemptions.

Remember, there is no charge for this consultation and you will receive a personalized analysis. The above items are utilized in creating your retirement income analysis and any original documents will be returned for your records.

If you have any questions please do not hesitate to call my office at **502-410-3465.**

Best Regards,

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Household

Description	Monthly Amount	Inflation %	Start Date	End Date
Mortgage Principal & Interest	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Real Estate Taxes	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Homeowners Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Home Equity Loan	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Association Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Rent	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Renters Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Utilities – Gas – Electric	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Water – Sewer	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Cable – Phone – Internet	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Maintenance & Improvement	\$	%	___/___	<input type="checkbox"/> Life or ___/___
House Cleaning	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Daily Living

Description	Monthly Amount	Inflation %	Start Date	End Date
Food	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Dining Out	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Clothing	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Personal Care	\$	%	___/___	<input type="checkbox"/> Life or ___/___

Healthcare & Insurance

Description	Monthly Amount	Inflation %	Start Date	End Date
Health Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Prescriptions	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Life Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Long Term Care Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Disability Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Veterinarian	\$	%	___/___	<input type="checkbox"/> Life or ___/___

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Transportation

Description	Monthly Amount	Inflation %	Start Date	End Date
Auto Loans	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Auto Insurance	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Fuel	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Repairs	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Debt & Obligations

Description	Monthly Amount	Inflation %	Start Date	End Date
Credit Cards	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Tuition – Student Loans	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Alimony	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Child Support	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Entertainment

Description	Monthly Amount	Inflation %	Start Date	End Date
Parties & Events	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Sports – Hobbies – Lessons	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Membership Dues	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Vacation & Travel	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

Miscellaneous

Description	Monthly Amount	Inflation %	Start Date	End Date
Charitable Donations	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Gifts	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__
Other	\$	%	__/__/__	<input type="checkbox"/> Life or __/__/__

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