

Creating Your Retirement *Lifestyle* Plan with Life Insurance



Instructions for completing the LifeStyle Planner

The LifeStyle Planner can be completed with hand-written information or via electronic format (pdf fill-in). Not all PDF programs will save electronically-entered information (*Preview* on Mac will save it). If your version cannot save entered information we recommend you print each page individually as you go. That way information will not be lost if the program is unexpectedly closed. If you do not have an electronic *LifeStyle Planner* but prefer to use one, it can be downloaded from our website under the *Client Forms* tab.

<http://www.unitedwealthmanagement.com/files/Planner.pdf>

For the accuracy of your information we prefer to receive the *LifeStyle Planner* in electronic format (emailed .pdf or scanned documents); however, mailed or faxed copies are acceptable.

Mail/Email the completed *LifeStyle Planner* and any supporting documentation to your advisor:

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Start with a Clear and Complete Picture

Your *LifeStyle Retirement Plan* must begin with a clear and complete picture of your current financial situation. It is essential your advisor know all the resources available and the details behind those resources.

The *LifeStyle Planner* will ask for information from the following resources, not all will apply to you. To assure the accuracy and understanding of your information you will need to submit copies of the following documents. We prefer to receive them in electronic form (email scanned .pdf or .jpg); however, mailed or faxed copies are acceptable. Use your most recent documents available. If certain statements are not available at the time (such as a Social Security or PBGC Statement), use your best estimate of the amount and submit the document when it is available.

_____ **Most recent tax return - Form 1040**

_____ **Most recent W- 2(s)**

_____ **Two most recent pay stubs**

_____ **Social Security Benefits statement.** If you do not have a recent Social Security Benefit estimate write in "use program estimate." Order a current statement at <http://www.SSA.gov> and send a copy when it is available.

_____ **PBGC Statements.** <http://www.pbgc.gov> Case number 19962700

_____ **Other Pension or Military Retirement benefit Statements**

_____ **All Bank Statements showing end of month balances**

_____ **Brokerage Statements (N/A for current accounts under UWM Management)**

_____ **UTMA / UGMA Account statements**

_____ **PDAP Statement (N/A for current PDAP clients)**

_____ **401(k) / Retirement Plan Statements (Other than PDAP)**

_____ **Mutual Fund Statements (for Mutual Funds held at mutual fund company)**

_____ **College Plan statements (529s, CESAs, Pre-paid plans)**

_____ **Pertinent business or limited partnership documents**

_____ **Insurance Policies (Life, Disability, Long Term Care, Annuity)**

_____ **Summary of Employee Life Insurance Benefits.** [UNITED EMPLOYEES](#) - From the Flying Together homepage, click on Employee Benefits>Benefits>Your Benefits Resources (YBR). Under Health and Insurance, click on Insurance and Other Benefits. Print or take a screenshot of this page.

_____ **Other _____**

_____ **Other _____**

Personal Information

	Client 1 (C1)			Client 2 (C2)		
Name						
Date of Birth	/ /	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Employment Income	\$ or <input type="checkbox"/> Retired			\$ or <input type="checkbox"/> Retired		
Business Owner	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Marital Status				State of Residence		

Children and Grandchildren (or any other Participant included in this plan)

Name	Date of Birth	Relationship



Retirement Age - if retired skip to Lifestyle Goals

When would you like to retire? Enter your Target Retirement Age. Then, indicate how willing you are to delay retirement beyond that age, if it helps you fund your Goals.

	Client 1		Client 2	
Target Retirement Age	Age:		Age:	
How willing are you to retire later?	<input type="checkbox"/> Not at All	<input type="checkbox"/> Somewhat Willing	<input type="checkbox"/> Not at All	<input type="checkbox"/> Somewhat Willing
	<input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Very Willing	<input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Very Willing

Lifestyle Goals

Lifestyle Goals are above and beyond what you need to pay for basic expenses. Rate the importance of each Goal on a scale of 10 ↔ 1. This will identify your goals by Needs (10, 9, 8), Wants (7, 6, 5, 4), and Wishes (3, 2, 1).

Most Common Goals		Other Goals		
Car	College	Wedding	New Home	Celebration
Travel	Home Improvement	Major Purchase	Start Business	Provide Care
Health Care	Gift or Donation	Leave Bequest	Private School	

Importance High Low 10 ↔ 1	Description	Start		Target Amount	How Often	How Many Times	
		Year	At Retirement				
			C1				C2
8	<i>e.g., Ann's Lexus</i>	2015	<input type="checkbox"/>	<input type="checkbox"/>	\$35,000	Every 4 Yrs	5
			<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"/>			

Retirement Living Expense

This Goal is for your basic day-to-day living expenses (e.g., food, clothes, utilities, etc.) during retirement. Be sure you don't "double count" any expenses for any Goal entered as a Lifestyle Goal.

Retirement Living Expense	\$	or <input type="checkbox"/> Use Program Estimate
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Social Security Benefits

	Client 1			Client 2		
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
Amount of benefit/Age	\$ <input type="checkbox"/> Use Program Estimate			\$ <input type="checkbox"/> Use Program Estimate		

Retirement Income

(pension, part-time work, rental property, annuities, royalties, alimony)

Description	Owner		Monthly Amount	Yr It Ends or # of Yrs	Check if amount inflates	% Survivor Benefit (Pension Only)
	C1	C2				
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

Investment Assets

Description	Client 1		Client 2	
	Value	Additions / Yr	Value	Additions / Yr
Total Employer Retirement Plan	\$	\$	\$	\$
Total Traditional IRA	\$	\$	\$	\$
Total Roth IRA	\$	\$	\$	\$
Total Tax-Deferred	\$	\$	\$	\$

Joint Assets	Value	Additions / Yr	Joint Assets	Value	Additions / Yr
Taxable	\$	\$	Tax-Free		

Extra Savings

Enter the maximum extra amount you could save each year in addition to the amounts above:	\$	How willing are you to save more?	<input type="checkbox"/> Not at All <input type="checkbox"/> Slightly Willing	<input type="checkbox"/> Somewhat Willing <input type="checkbox"/> Very Willing
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Life Insurance - complete this section to have the adequacy of your Life Insurance coverage reviewed & analyzed.

	Client 1	Client 2	Notes
Group/Term Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Death Benefit	\$	\$	
Cash Value	\$	\$	

Risk Score

How much market risk are you willing to accept? On a scale of 1 to 100, with 1 being the lowest risk and 100 being the highest risk, what's your risk score?

Client 1	Client 2

Two thirds of all investors score between 40 and 60, and only 1 in 1000 select a score lower than 20 or greater than 80. Does your score feel right as you compare yourself to others?

	Men			Women		
Age Group	> 64	50-64	< 50	> 64	50-64	< 50
Avg Score	50	54	59	45	48	52

REAL ESTATE PROPERTY – Debt and Valuations				
	HOME	Other or Mortgage 2	Other	
Describe: Residence, Vacation Home, Investment prop. Etc.				
Owner (Client / Co-client / Joint)				
Month/Year Purchased				
Purchase Price				
Cost of Improvements				
Current Market Value				
Financing				
Mortgage Balance				
Monthly Payment (principal and interest)				
Pay off month/year				
Insurance Coverage				
Do you have home owners insurance ?				
Do you have an umbrella liability policy? (Amount / no)				
PERSONAL PROPERTY				
Cars, planes, Collectibles and other significant assets				
Type Description	Owner	Value	Do you plan to sell this to help fund other goals?	Other Information
Auto 1				
Auto 2				
Boat				
Airplane				

Investment Experience



What do you consider a reasonable rate of return on a long-term investment portfolio?
 _____%

If your investment account dropped in value, at what percent would you be concerned?
 _____%

In general, how would you describe your experience from previous investment decisions?

How would you rate your own ability to make investment decisions?

- a. Excellent
- b. Good
- c. Average
- d. Not so good.

State your knowledge of the various asset classes:

	No Knowledge	1	2	Somewhat Knowledgeable	3	4	Extensive Knowledge	5
Individual Bonds	1	2	3	4	5			
Municipal Bonds	1	2	3	4	5			
Bond funds	1	2	3	4	5			
Individual Stocks	1	2	3	4	5			
Stock Mutual Funds	1	2	3	4	5			
PDAP / 401K funds	1	2	3	4	5			
Exchange Traded Funds	1	2	3	4	5			
Options	1	2	3	4	5			
Futures	1	2	3	4	5			
Commodities	1	2	3	4	5			

How many years of experience do you have investing in the following types of investment?

	Years			
	0	1 - 4	5 - 10	10+
Individual Bonds	0	1 - 4	5 - 10	10+
Municipal Bonds	0	1 - 4	5 - 10	10+
Bond funds	0	1 - 4	5 - 10	10+
Individual Stocks	0	1 - 4	5 - 10	10+
Stock Mutual Funds	0	1 - 4	5 - 10	10+
PDAP / 401K funds	0	1 - 4	5 - 10	10+
Exchange Traded Funds	0	1 - 4	5 - 10	10+
Options	0	1 - 4	5 - 10	10+
Futures	0	1 - 4	5 - 10	10+
Commodities	0	1 - 4	5 - 10	10+

Estate Analysis

Estate Documents

	Client	Spouse
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Last Reviewed	_____	
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes