



Estimate your anticipated retirement EXPENSES

Envision your life in retirement, and think about the expenses you will—or might—incur. Taking into account your lifestyle and goals, identify which expenses are essential (must have) to differentiate them from those that are discretionary (nice to have).

Record your estimated monthly retirement expenses and indicate whether it is essential and if it will vary.		AMOUNT (\$)		IS IT ESSENTIAL? YES	WILL IT VARY? YES	NOTES
		YOU	SPOUSE			
Housing	Homeowner ' s Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Household Improvements & Maintenance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Mortgage	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Property Tax	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Rent/Condo Fees	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Utilities	Electric	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Oil/Gas	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Phone/Cable/Internet Fees	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Water/Sewer	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Personal	Clothing	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Groceries	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Laundry/Dry Cleaning	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Personal Care (health & beauty)	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Health Care & Insurance	Dental, Vision, Hearing	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Medical Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Medicare Premiums & Expenses	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Medicare Supplemental Premiums	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other (e.g., Out-of-Pocket Pharmacy Costs)	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Long-Term Care Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Premiums	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Disability Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Life Insurance Premiums	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>		
SUBTOTAL		\$	\$			

Estimate your anticipated retirement expenses (continued)

Record your estimated monthly retirement expenses and indicate whether it is essential and if it will vary.		AMOUNT		IS IT ESSENTIAL? YES	WILL IT VARY? YES	NOTES
		YOU	SPOUSE			
Family Care	Support of Children/Grandchildren	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Support of Parents	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other Obligations	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Routine Transportation	Auto Loan/Lease Payments	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Excise Tax/Registration Fees	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Gasoline	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Auto Insurance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Routine Maintenance	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other Commuting Expenses	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	
Recreation	Club Memberships	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Hobbies	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Travel & Vacations	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Entertainment	Dining Out	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Movies/Theater/Sporting Events	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Charitable Donations And Gifts	Charitable Donations	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Gifts	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
Custom Expenses	Expense #1	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #2	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #3	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #4	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #5	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
	Expense #6	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		
	SUBTOTAL	\$	\$			
	SUBTOTAL From Page 1	\$	\$			
	TOTAL	\$	\$			