Checklist for Retirement

Name:______________________

Phone:___________________

I know and have openly discussed when I would like to retire and what that looks like for me.

❑ **Yes** ❑ **No**

I have identified the top 3 priorities I'd like to focus on in the first 3 years of retirement.

❑ **Yes** ❑ **No**

My family members are aligned with how I would like to spend my time in retirement.

❑ **Yes** ❑ **No**

I have communicated my needs, wants and wishes to the people I trust.

❑ **Yes** ❑ **No**

My values are aligned with my spending habits and where I devote my time.

❑ **Yes** ❑ **No**

I have a financial plan in place that takes into consideration my retirement income needs, inflation, budgeting, spending, a longer life and future expenses.

❑ **Yes** ❑ **No**

I can easily see if I'm on track toward my goals and have help if adjustments need to be made to the plan.

❑ **Yes** ❑ **No**

I am comfortable with the risk level associated with my investments, and I evaluate my tolerance annually.

❑ **Yes** ❑ **No**

My financial life is consolidated, organized and disclosed to trusted sources.

❑ **Yes** ❑ **No**

I know and have discussed with my loved ones where I want to live.

❑ **Yes** ❑ **No**

I have thought about the amount of money I would like to leave behind to my heirs and/or charities.

❑ **Yes** ❑ **No**

I have a Power of Attorney and Will that are up to date.

❑ **Yes** ❑ **No**

I have an emergency fund for unexpected life events.

❑ **Yes** ❑ **No**

I understand how taxes will impact my retirement income and spending.

❑ **Yes** ❑ **No**

I have insurance that will protect my family in case something happens to me (long term care/life/medical).

❑ **Yes** ❑ **No**

I understand my Social Security benefits and when to start taking them.

❑ **Yes** ❑ **No**

I understand my Medicare benefits and how to maximize them.

❑ **Yes** ❑ **No**

I have calculated my projected medical care and/or long term care costs.

❑ **Yes** ❑ **No**

I have a wellness plan that incorporates physical activity and nutrition into my life.

❑ **Yes** ❑ **No**

I have identified the activities I will find fulfilling in retirement and can access them.

❑ **Yes** ❑ **No**

I have a strong network of family, colleagues and friends I value and can spend time with.

❑ **Yes** ❑ **No**

I am ready for this next chapter of my life.

❑ **Yes** ❑ **No**

If you would like to schedule a free initial consultation, please call the office below that best corresponds with your location to set up an appointment with a financial advisor.

Before your consultation please send the form into SFM@SFMadvisorgroup.com with the name of the advisor you are meeting.

You may also mail the form to our offices:

Orlando	Viera
2420 S. Lakemont Ave	5466 Villiage Dr.
Suite 120	Suite C1
Orlando, FL 32814	Viera, FL 32955
Phone: (407)-740-6553	*Phone: (321)-383-8815*
Fax: (407)-740-5131	*Fax: (321)-632-1100*

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