

Retirement Cash Flow Worksheet and Budget

Date: _____

Part 1: Retirement Income Estimation Worksheet:

- Enter expected income **after** retirement
- **Do not include** below the withdrawals (interest/dividend income etc.) from your investment/retirement portfolios
- Include both spouse's income if married

	Annual Income \$	CPI Indexed? <input checked="" type="checkbox"/>	
Continued Employment of Spouse	_____	<input type="checkbox"/>	(Until Age: _____)
Part Time Employment	_____	<input type="checkbox"/>	(From Age: _____ Until : _____)
Part Time Employment	_____	<input type="checkbox"/>	(From Age: _____ Until : _____)
Pension Plan:	_____	<input type="checkbox"/>	(From Age: _____ Until : _____)
Pension Plan:	_____	<input type="checkbox"/>	(From Age: _____ Until : _____)
Pension Plan	_____	<input type="checkbox"/>	(From Age: _____ Until : _____)
Annuity:	_____	<input type="checkbox"/>	(From Age: _____ Until : _____)
Annuity:	_____	<input type="checkbox"/>	(From Age: _____ Until : _____)
Government Benefits - Own: CPP	_____	<input type="checkbox"/>	(From Age: _____)
Government Benefits - Own: OAS.....	_____	<input type="checkbox"/>	(From Age: _____)
Government Benefits - Spouse: CPP.....	_____	<input type="checkbox"/>	(From Age: _____)
Government Benefits - Spouse: OAS.....	_____	<input type="checkbox"/>	(From Age: _____)
Rental Income:	_____	<input type="checkbox"/>	(From: _____ Until : _____)
Royalty Income:	_____	<input type="checkbox"/>	(From: _____ Until : _____)
Other	_____	<input type="checkbox"/>	(From: _____ Until : _____)
Other	_____	<input type="checkbox"/>	(From: _____ Until : _____)

Total Income from Other Sources:	\$ _____
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Part 2: Retirement Expenses Estimation Worksheet:

Essential Expenses Annual \$	Basic Expenses Annual \$	Discretionary Expenses Annual \$
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HOUSING EXPENSES:

Mortgage			
Rent paid			
Condominium Fees			
Property Insurance			
Property Tax			
Heating			
Water			
Electricity			
Security & Alarm			
Maintenance			
Repairs			
Other:			
Other:			
Other:			

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			
Dependent Support 1			
Dependent Support 2			
Gifts			
Donations			
Other:			
Other:			
Other:			

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Essential Expenses Annual \$	Basic Expenses Annual \$	Discretionary Expenses Annual \$
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TRANSPORTATION EXPENSES:

Car Loan Payments			
Lease Payments			
Maintenance & Repairs			
License Fees			
Fuel			
Oil Change			
Parking			
Tickets			
Car Insurance			
Car Rental			
Public Transportation			
Other:			
Other:			
Other:			

INVESTMENT AND INSURANCE EXPENSES:

Investment Loan Payments			
Professional Fees: Accounting			
Professional Fees: Legal			
Professional Fees: Other			
Subscriptions			
Insurance Premiums 1			
Insurance Premiums 2			
Insurance Premiums 3			
Insurance Premiums 4			
Other:			
Other:			
Other:			

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Essential Expenses Annual \$	Basic Expenses Annual \$	Discretionary Expenses Annual \$
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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:			
Other:			

COMMUNICATION EXPENSES:

Telephone			
Mobile Phone			
Cable TV			
Satellite TV			
Pay TV			
Internet			
Other:			
Other:			
Other:			

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Essential Expenses Annual \$	Basic Expenses Annual \$	Discretionary Expenses Annual \$
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RECREATIONAL AND ENTERTAINMENT EXPENSES:

Club Memberships			
Travel			
Camping			
Sports Equipment			
Books			
Newspapers			
Adult Education			
Hobbies			
Dining Out			
Entertaining at Home			
Theatre, Ballet, Concerts			
Sports Events			
Tobacco, Alcohol			
Other:			
Other:			
Other:			

ESTIMATED INCOME TAXES:

Income Taxes	
Other:	
Other:	
Other:	

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	Essential Expenses Annual \$	Basic Expenses Annual \$	Discretionary Expenses Annual \$
TOTAL EXPENSES: (add all page subtotals)			
TOTAL EXPENSES (add: essential + basic + discretionary expenses): \$ _____			

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 ____

