

Retirement Income Worksheet

Social Security Benefits

	Client	Co-Client
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
Benefit amount	<input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____	<input type="checkbox"/> Primary Insurance Amount (PIA) \$ _____
When to start	At Full Retirement Age (per Social Security) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement	At Full Retirement Age (per Social Security) <input type="checkbox"/> at age _____ <input type="checkbox"/> at retirement

Part-time Work & Other Retirement Income

Description	Owner		Monthly Income	Year It Ends or Number of Years
	C	Co		
e.g., Part-time	<input type="checkbox"/>	<input type="checkbox"/>	\$ e.g., Part-time	5
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	\$	

Pension Income

Description	Owner		Monthly Income	Start Year	Year It Ends or No. of Years	% Survivor Benefit	Check if amount inflates	GPO
	C	Co						
e.g., ABC Pension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1,500		End of Life	50%	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	\$				<input type="checkbox"/>	<input type="checkbox"/>