

YOUR RETIREMENT EXPENSES WORKSHEET

	FIRST NAME	LAST NAME
Client 1		
Client 2		

ESSENTIAL EXPENSES

DESCRIPTION	DETAIL AMOUNT
HOUSING	
Mortgage / rent	
Utilities (heat, hydro, etc)	
Phone / cell / internet / cable	
Insurance (home)	
Property tax	
Condominium fees	
Maintenance	
Other:	
Total Housing	
TRANSPORTATION	
Gas / fuel	
Insurance (car)	
Lease or lease payments	
Public transit	
Maintenance and repairs	
Parking	
Other:	
Total Transportation	
DAILY LIVING	
Groceries	
Clothing	
Other:	
Total Daily Living	

DESCRIPTION	DETAIL AMOUNT
HEALTHCARE EXPENSES	
Eye / dental	
Assisted living care and nursing	
Prescription	
Other:	
Total Healthcare	

FINANCIAL OBLIGATIONS	
Registered contributions	
Non-registered contributions	
Pension contributions	
Loan payments	
Credit card payments	
Health insurance	
Life insurance	
Disability insurance	
Other:	
Total Financial Obligations	

DISCRETIONARY EXPENSES

RECREATION AND LEISURE	
Fitness	
Travel / vacation	
Hobbies	
Pets	
Entertainment	
Restaurant / meals	
Subscriptions	
Other:	
Total Recreation and Leisure	

MISCELLANEOUS	
Gifts	
Charities	
Other:	
Total Miscellaneous	

TOTAL EXPENSES	
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