Calculating Expenses Pre-/Post-Retirement

Housing	Monthly
Mortgage/Rent	\$
Property Tax	\$
Cable/Internet	\$
Home phone/cell	\$
Electricity	\$
Gas/Oil	\$
Water	\$
Home insurance	\$
Home improvements	\$
Maintenance/Repairs	\$
Household supplies	\$
Furnishings	\$
Other, please specify:	
	\$
	\$
Subtotal	\$
Daily Living	Monthly
	Monthly \$
Daily Living	-
Daily Living Groceries	\$
Daily Living Groceries Dining out	\$ \$ \$ \$ \$
Daily Living Groceries Dining out Medical/Dental	\$ \$ \$ \$ \$ \$
Daily LivingGroceriesDining outMedical/DentalPersonal care supplies	\$ \$ \$ \$ \$
Daily Living Groceries Dining out Medical/Dental Personal care supplies Salon/Barber	\$ \$ \$ \$ \$ \$
Daily Living Groceries Dining out Medical/Dental Personal care supplies Salon/Barber Clothing	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Daily Living Groceries Dining out Medical/Dental Personal care supplies Salon/Barber Clothing Dry cleaning	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Daily Living Groceries Dining out Medical/Dental Personal care supplies Salon/Barber Clothing Dry cleaning Gifts	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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\$

\$

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Private Wealth

Subtotal

Total

BMO

Total Current Annual Expenses (A)

All subtotals X 12 months

Transportation	Monthly
Car loan/lease	\$
Public transportation	\$
Car insurance	\$
Fuel	\$
Maintenance/Repairs	\$
Other, please specify:	
	\$
	\$
Subtotal	\$

Entertainment	Monthly
Sports/Hobbies	\$
Vacation	\$
Outdoor recreation	\$
Concerts/Theatre/Movies	\$
Books/Magazines/	Ś
Newspapers	Ļ
Other, please specify:	
	\$
	\$
Subtotal	\$

Pets	Monthly
Food	\$
Medical	\$
Grooming	\$
Other, please specify:	
	\$
	\$
Subtotal	\$

Calculating your retirement needs

Estimated % of Total Current Annual Expenses Needed During Retirement (B)	
	%

Support/Fees/DuesMonthlyAlimony payments\$Child support payments\$Accountant fees\$

\$

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\$ \$ **\$**

Lawyer fees

Subtotal

Membership fees/dues

Other, please specify:

BMO Private Wealth

Children	Monthly
Child care	Ś
School supplies	Ś
Extracurricular activities	\$
Lunch money	\$
Tuition	\$
Toys/Games	\$
Other, please specify:	
	\$
	\$
Subtotal	\$

Insurance	Monthly
Life insurance premiums	\$
Disability insurance premiums	\$
Long-term care premiums	\$
Other, please specify:	
	\$
	\$
Subtotal	\$

Total Annual Retirement Need (A) X (B)	
A	\$
В	%
Total	\$

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