

# Your Personal Budget



|   |                                    | ESSENTIAL | OPTIONAL |
|---|------------------------------------|-----------|----------|
| <b>HOUSING</b>                          | Mortgage or Rent                   | \$ _____  | \$ _____ |
|   | Property Taxes & Insurance         | \$ _____  | \$ _____ |
|   | Utilities                          | \$ _____  | \$ _____ |
|   | Household Improvements             | \$ _____  | \$ _____ |
|   | Household Maintenance              | \$ _____  | \$ _____ |
| <b>FOOD</b>                             | At Home                            | \$ _____  | \$ _____ |
|   | Dining Out                         | \$ _____  | \$ _____ |
| <b>TRANSPORTATION</b>                   | Vehicle Purchase/Payment           | \$ _____  | \$ _____ |
|   | Auto Insurance & Taxes             | \$ _____  | \$ _____ |
|   | Fuel                               | \$ _____  | \$ _____ |
|   | Maintenance                        | \$ _____  | \$ _____ |
|   | Public Transportation              | \$ _____  | \$ _____ |
| <b>HEALTH CARE</b>                      | Health Insurance Medicare/Medigap  | \$ _____  | \$ _____ |
|   | Co-Pays/Uncovered Medical Services | \$ _____  | \$ _____ |
|   | Drugs & Medical Supplies           | \$ _____  | \$ _____ |
|   | Fitness Center Membership          | \$ _____  | \$ _____ |
| <b>PERSONAL INSURANCE</b>               | Life                               | \$ _____  | \$ _____ |
|   | Long-Term Care                     | \$ _____  | \$ _____ |
| <b>PERSONAL CARE</b>                    | Clothing                           | \$ _____  | \$ _____ |
|   | Products & Services                | \$ _____  | \$ _____ |
| <b>OTHER</b>                            | Entertainment                      | \$ _____  | \$ _____ |
|   | Travel                             | \$ _____  | \$ _____ |
|   | Hobbies                            | \$ _____  | \$ _____ |
|   | Family Care/Education              | \$ _____  | \$ _____ |
|   | Income Taxes                       | \$ _____  | \$ _____ |
|   | Charitable Contributions           | \$ _____  | \$ _____ |
|   | Other _____                        | \$ _____  | \$ _____ |
| <b>SUBTOTAL</b>                         |                                    | \$ _____  | \$ _____ |
| <b>TOTAL ESTIMATED MONTHLY EXPENSES</b> |                                    | \$ _____  | \$ _____ |

COMPARE EXPENSES AND SOURCES OF INCOME, AND MAKE AN INCOME PLAN WITH YOUR **FRS PARTNERS RETIREMENT CONSULTANT** TO COVER ANY GAPS.

*FRS Partners is not endorsed, affiliated with, or a subsidiary of the Florida Retirement System.*

*Representative is registered with and offers only securities and advisory services through PlanMember Securities Corporation, a registered broker/dealer, investment advisor and member FINRA/SIPC. 6187 Carpinteria Avenue, Carpinteria, CA 93013, 1.800.874.6910. FRS Partners and PlanMember Securities Corporation are independently owned and operated. PlanMember is not responsible or liable for ancillary products or services offered by FRS Partners.*