

## SPENDING PLAN

The numbers will be approximate to provide a sense of long-term goals and short-term needs.

**Amount Received/Current Balance:** \$ \_\_\_\_\_

**Annuity:** \$ \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Age of Beneficiary:** \_\_\_\_\_

### How to Complete Your Spending Plan

- Fill in Amounts:** For each item listed under each category, please fill in the corresponding amount. Be as accurate as possible to reflect your true expenses.
- Calculate Totals:** Once you have filled in the amounts for all items within a category, add them up to get the total for that category.

	<b>BEGINNING AMOUNT:</b>	\$
<b>OLD DEBT TOTALS</b>		
• Past Due Bills:		
• Credit Cards:		
• Medical Bills:		
• Other:		
	<b>- TOTAL OF OLD DEBT:</b>	\$
<b>BIG-TICKET ITEMS</b>		
• Home*:		
• Vehicle*:		
• Furniture:		
• Technology:		
• Medical Equipment:		
• Prepaid Burial:		
• Other:		
	<b>- TOTAL OF BIG-TICKET ITEMS:</b>	\$
<b>CALCULATE</b>		
<b>Subtract <u>total</u> Old Debt + Big Ticket Items from Beginning Amount to find the Funds Remaining <u>total</u>.</b>	<b>TOTAL FUNDS REMAINING:</b>	\$

\*Home and vehicle purchases must be approved by the Special Considerations Committee.

These may include ongoing costs, budget restrictions, and guidelines separate from other purchases.

# SPENDING PLAN

INCOME (monthly)		EXPENSES (current, monthly)	
NAME (beneficiary)			AMOUNT
SSI		RENT	
SSDI		HOA	
SSA		FOOD	
Food Stamps		UTILITIES	
Other		AUTO PAYMENT	
		AUTO INSURANCE	
NAME (other)		PHONE(S)	
SSI		INTERNET	
SSDI		CAREGIVING	
SSA		Other	
Food Stamps			
Other			
NAME (other)			
SSI			
SSDI			
SS			
Food Stamps			
Other			

**FUNDS REMAINING ÷ ANNUAL EXPENSES:**

= Approximate Number of Years Funds Will Be Available: \_\_\_\_\_

ESTIMATED MONTHLY SPENDING: \$ \_\_\_\_\_ TRUST TO LAST \_\_\_\_\_ YEARS.

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