*SAMPLE: NO CONSULTATION REQUESTED FOLLOW-UP*

September 15, 2016

John Doe

123 Main Street

Anytown, ST 01234

Dear John,

We appreciate being able to meet you at the workshop that we conducted at ­­­­­­\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_. The topic of the workshop was ***Creating Retirement Peace of Mind.***

As a courtesy, enclosed is a complimentary report that provides the basic information covered at the workshop. You may find this quite helpful to you.

If you have any questions, or would like to receive specific and personalized information on ***Creating Retirement Peace of Mind***, please contact us at (800) 888-8888.

Regards,

*SAMPLE: NO SHOWS*

September 15, 2016

John Doe

123 Main Street

Anytown, ST 01234

Dear John,

You had asked to reserve a seat for you at a workshop that we conducted at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_. The topic of the workshop was ***Creating Retirement Peace of Mind.*** Unfortunately you weren’t able to attend the workshop, and we assume you had a scheduling conflict.

We would like to invite you to attend one of our upcoming workshops which will cover the same important information as the workshop you weren’t able to attend.

* Date, Time, Location #1
* Date, Tim Location #2

If you aren’t able to attend one of those dates, we can send you our complimentary report which contains similar information to the workshop. To RSVP for new date or to request the report, please contact us at (800) 888-8888.

Regards,

*SAMPLE: REQUESTED CONSULTATION BUT UNABLE TO REACH*

September 15, 2016

John Doe

123 Main Street

Anytown, ST 01234

Dear John,

We appreciate being able to meet you at the workshop that we conducted at \_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_. The topic of the workshop was ***Creating Retirement Peace of Mind.***

You had requested that we call you to set up a time for a consultation. To date, however, we haven’t been able to connect to do that.

Please let us know whether or not you still would like to receive specific and personalized information on ***Creating Retirement Peace of Mind.***

We can be reached at (800) 888-8888. We look forward to hearing from you soon.

Regards,

*SAMPLE: APPOINTMENT CONFIRMATION*

*(send with Budget Planner)*

September 15, 2016

John Doe

123 Main Street

Anytown, ST 01234

Dear John,

This is simply a courtesy reminder of our appointment at 10:30 AM on Wednesday, April 3rd.

In order to focus on solutions that are appropriate for you, it’s important that we know your income needs in retirement, along with other potential income sources available to you.

If you don’t already know your retirement income needs, the enclosed *Budget Planner* will help you determine them.

Please bring in a statement on any retirement accounts you might have [401(k)’s, IRA’s, 403(b)’s, etc], your social security statement, along with any information you have on any pension income that will be available to you.

If you have any questions in the meantime, please call our office at (800) 888-8888.

Regards,

**BUDGET PLANNER**

**Monthly Expense Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prepared For: | Monthly | Quarterly | Semi-Annually | Annually |
| **HOUSING** |  |  |  |  |
|  |  |  |  |  |
| Insurance |  |  |  |  |
| Property Taxes |  |  |  |  |
| Oil |  |  |  |  |
| Gas |  |  |  |  |
| Rent/Mortgage |  |  |  |  |
| Electric |  |  |  |  |
| Water/Sewer |  |  |  |  |
| Telephone |  |  |  |  |
| Cable TV |  |  |  |  |
| Repairs |  |  |  |  |
| Cleaning |  |  |  |  |
| Furniture/Appliances |  |  |  |  |
| Other-Heating Expense |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **FOOD** |  |  |  |  |
|  |  |  |  |  |
| Groceries |  |  |  |  |
| Restaurants |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TRANSPORTATION** |  |  |  |  |
|  |  |  |  |  |
| Auto Payment |  |  |  |  |
| Gas/Oil |  |  |  |  |
| Insurance |  |  |  |  |
| Repairs |  |  |  |  |
| Public Transportation |  |  |  |  |
| Parking |  |  |  |  |
| Other-Excise Tax |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **MEDICAL/DENTAL** |  |  |  |  |
|  |  |  |  |  |
| Medical Insurance |  |  |  |  |
| Dental Insurance |  |  |  |  |
| Non-reimbursed Medical Payments |  |  |  |  |
| Prescriptions |  |  |  |  |
| Dental Care |  |  |  |  |
| Vision Care |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

Monthly -Annually Annually

**INSURANCE**

Long-Term Care Insurance

Life Insurance

Other

Other

Other

**PERSONAL**

Clothing

Laundry/Dry Cleaners

Personal (Haircuts)

Other

Other

Other

**LOANS**

Credit Card Payments & Charges

Other Installment Loans

Other

Other

Other

**ENTERTAINMENT**

Movies, Concerts, etc.

Hobby Expenses

Books/Magazines/Newspaper

Club Memberships

Vacations

Other

Other

Other

**OTHER**

Gifts

Other Taxes

Professional Services (CPA, Atty, ect)

Animal/Vet Expense

Organization Dues

Charitable Giving

Other

Other

Other

**TOTAL EXPENSES**