

	<h1>Retirement & Old-Age Planning Document</h1>
--	---

How to Use This Template

Replace all prompts with your own details.

Use this template to organise your retirement goals, savings, investments, and long-term planning. Fill in each section with your personal details, current financial information, and any existing retirement products. Work through the checklist to identify gaps in your planning and list actions you want to take in the year ahead. Review this document annually or whenever your circumstances change and keep it with your important personal records.

DISCLAIMER:

This document is intended as a personal planning tool only and does not constitute financial, legal, or professional advice. Retirement planning should be done in consultation with a qualified financial advisor. Bilnor Staffing Solutions accepts no liability for any errors, omissions, or outcomes arising from the use of this template.

1. Personal Details

Full Name:	
ID:	
Address:	
Cell:	
Email:	

2. Retirement Goals

Preferred Retirement Age:
Lifestyle Goals (brief description):
Estimated Monthly Income Needed in Retirement (Expected living costs, medical costs, leisure, etc.):

3. Current Income & Monthly Savings

Net Monthly Income:	
Monthly Amount Currently Saved Toward Retirement:	

- ☐ Types of Current Savings:
- ☐ Bank Savings Account
- ☐ Fixed Deposit
- ☐ Unit Trust
- ☐ Endowment Policies
- ☐ Pension/Provident Fund
- ☐ Retirement Annuity (RA)
- ☐ Other:

--

4. Existing Retirement Funds & Investments

List your current retirement products:

Pension or Provident Fund

Employer: _____
Fund Name: _____
Administrator: _____
Current Value (if known): R _____

Retirement Annuity (RA)

Provider: _____
Policy Number: _____
Current Value: R _____

Investment Accounts

1. Type: _____ | Provider: _____
Account Value: R _____
2. Type: _____ | Provider: _____
Account Value: R _____
3. Type: _____ | Provider: _____
Account Value: R _____

5. Insurance & Medical Planning

- ☐ Medical Aid
Provider: _____
Plan: _____
- ☐ Gap Cover (if applicable)
Provider: _____
- ☐ Life Insurance / Funeral Cover
Provider & Policy Number: _____

Notes:

6. Future Planning Considerations

Tick if completed or in progress:

- ☐ Last Will & Testament drafted
- ☐ Updating beneficiaries on retirement and insurance policies
- ☐ Emergency savings fund created
- ☐ Long-term care planning (frail care/home care)
- ☐ Downsizing or relocation planning
- ☐ Debt reduction plan
- ☐ Estate planning consultation

Notes:

7. Action Plan (Next 12 Months)

List changes or improvements you want to make: