

My expenses

Client name _____ Age _____ Today's date _____

Co-client name _____ Age _____

Your essential expenses: recurring expenses that support your basic needs

Household

Description	Monthly estimate
Mortgage(s) information breakdown:	
Property/real estate taxes	\$ <input style="width: 100%;" type="text"/>
Homeowner's insurance	\$ <input style="width: 100%;" type="text"/>
Principal and interest payment	\$ <input style="width: 100%;" type="text"/>
Rent	\$ <input style="width: 100%;" type="text"/>
Association fees (e.g., townhome, condo)	\$ <input style="width: 100%;" type="text"/>
Home maintenance, repairs and improvements	\$ <input style="width: 100%;" type="text"/>
Utilities (e.g., electric, gas, water, home security)	\$ <input style="width: 100%;" type="text"/>
Phone(s)	\$ <input style="width: 100%;" type="text"/>
Food/groceries	\$ <input style="width: 100%;" type="text"/>
Clothing	\$ <input style="width: 100%;" type="text"/>
Household supplies (e.g., Target, Costco)	\$ <input style="width: 100%;" type="text"/>
Household monthly subtotal:	\$ <input style="width: 100%;" type="text"/>
Annual subtotal:	\$ <input style="width: 100%;" type="text"/>

Transportation

Description	Monthly estimate
Auto payments/lease(s)	\$ <input style="width: 100%;" type="text"/>
Auto insurance premiums	\$ <input style="width: 100%;" type="text"/>
Auto maintenance (e.g., oil changes, repairs)	\$ <input style="width: 100%;" type="text"/>
Fuel/parking/tolls/bus/taxi	\$ <input style="width: 100%;" type="text"/>
Transportation monthly subtotal:	\$ <input style="width: 100%;" type="text"/>
Annual subtotal:	\$ <input style="width: 100%;" type="text"/>

Healthcare/protection

Description	Monthly estimate
Life insurance premiums	\$ <input style="width: 100%;" type="text"/>
Disability insurance	\$ <input style="width: 100%;" type="text"/>
Long-term care insurance premiums	\$ <input style="width: 100%;" type="text"/>
Medical (e.g., Medicare, group, private) and dental premiums	\$ <input style="width: 100%;" type="text"/>
Medical and dental expenses/copays	\$ <input style="width: 100%;" type="text"/>
Prescriptions/over-the-counter medicines	\$ <input style="width: 100%;" type="text"/>
Other out-of-pocket items (e.g., if retired, expenses not covered by Medicare such as routine eye/foot care and hearing aids)	\$ <input style="width: 100%;" type="text"/>
Healthcare/protection monthly subtotal:	\$ <input style="width: 100%;" type="text"/>
Annual subtotal:	\$ <input style="width: 100%;" type="text"/>

Other essentials (e.g., personal care, education, child care/support, alimony)

Description	Monthly estimate
	\$ <input style="width: 100%;" type="text"/>
Other essentials monthly subtotal:	\$ <input style="width: 100%;" type="text"/>
Annual subtotal:	\$ <input style="width: 100%;" type="text"/>

Your lifestyle expenses: expenses that enhance your life

Hobbies

Description	Monthly estimate
Hobbies/recreation	\$ <input type="text"/>
Grand/child activities and allowances	\$ <input type="text"/>
Subscriptions (e.g., magazines, newspapers)	\$ <input type="text"/>
Hobbies monthly subtotal: \$ <input type="text"/>	
Annual subtotal: \$ <input type="text"/>	

Travel

Description	Monthly estimate
Air, hotel, dining, rental car	\$ <input type="text"/>
Pet boarding	\$ <input type="text"/>
Travel monthly subtotal: \$ <input type="text"/>	
Annual subtotal: \$ <input type="text"/>	

Entertainment

Description	Monthly estimate
Internet/cable/satellite TV	\$ <input type="text"/>
Tickets (e.g., music, movies, events)	\$ <input type="text"/>
Membership dues (e.g., health clubs, golf)	\$ <input type="text"/>
Dining/take out	\$ <input type="text"/>
Entertainment monthly subtotal: \$ <input type="text"/>	
Annual subtotal: \$ <input type="text"/>	

Giving

Description	Monthly estimate
Gifts/cash for family and others	\$ <input type="text"/>
Gifts to charity	\$ <input type="text"/>
Giving monthly subtotal: \$ <input type="text"/>	
Annual subtotal: \$ <input type="text"/>	

Other lifestyle (e.g., professional services, pet expenses, salon/spa services, dry cleaning, housekeeping, lawn/snow services)

Description	Monthly estimate
	\$ <input type="text"/>
Other lifestyle monthly subtotal: \$ <input type="text"/>	
Annual subtotal: \$ <input type="text"/>	

TOTAL ESSENTIAL EXPENSES

Monthly total: \$

Annual total: \$

TOTAL LIFESTYLE EXPENSES

Monthly total: \$

Annual total: \$

TOTAL ESSENTIAL AND LIFESTYLE EXPENSES

Monthly total: \$

Annual total: \$

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