



The Veterinarian's Financial Guide

To make work optional...



Table of Contents

The Associate Veterinarian's Financial Guide	3
The Veterinarian's Owner's Financial Guide	8
The Veterinarian's Financial Guide For Retirement	13



The Associate Veterinarian's Financial Guide

FRUSTRATION OF ORGANIZATION

The Veterinarian's Financial Guide

When you graduated, you felt you had finally made it! You felt like you could conquer the world! And rightfully so! You accomplished a huge lifelong goal that you had shed blood, sweat, and tears for. But the work didn't stop. You started to work, and the questions you have start piling up along with the increasing shadow of your student loan debt. Why? You are now a doctor, highly intelligent and skilled. Yet life comes at you fast, and there seem to be more questions than answers. You are told to get insurance, pay off debt, save for the future, and you get asked all the time, don't you want to own your own practice?

Then, add in a personal life, family, and perhaps a significant other, and *poof* your time and energy is gone. You feel over-stressed and underappreciated. You have spent most of your adult life working towards a dream. Now you feel like you need to work the rest of your life to pay for it all. Your job is vital, and it's stressful enough that you shouldn't need to worry about finances on top of everything. Imagine if you could simplify your finances, lower stress in your life, focus more on your family and the things you're passionate about in life.

Well, I want to share three tips to help simplify your finances and make you feel more confident in your financial health.

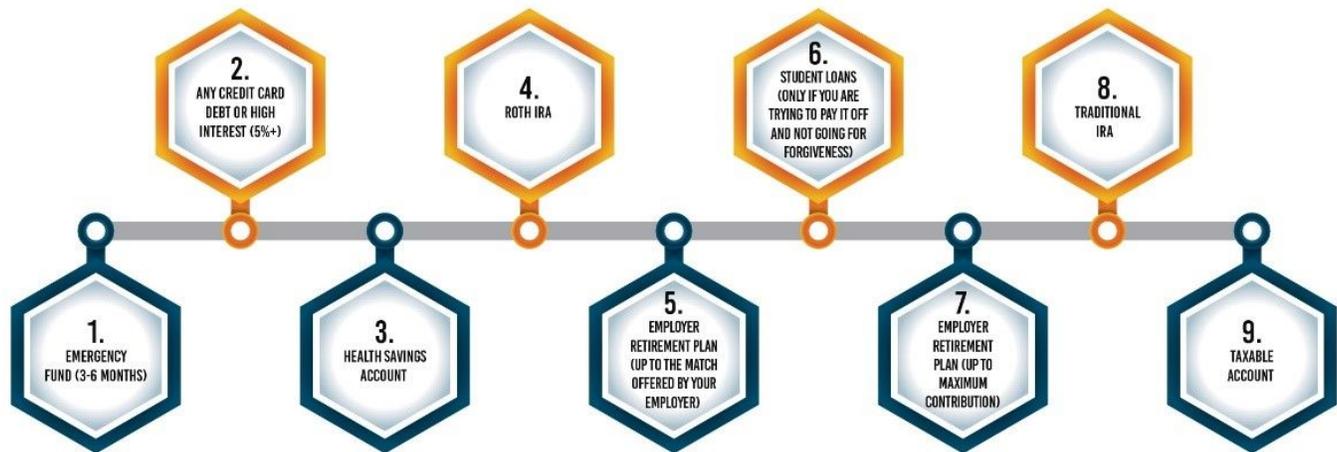
CASH FLOW

Cash flow is the **lifeblood** of a financial plan. First, cash flow will dictate if you can retire, pay off debt, or buy a practice. However, most people have no idea how much they ARE spending or how much they SHOULD spend. The following will help you start to outline where you are spending today and some general guidelines. All suggestions are maximum spends and based on net or take-home pay. Your situation will be unique, but hopefully, the suggestions can help.

Fixed Expenses —50%	Variable Expenses — 30%	Savings— 20%
<ul style="list-style-type: none">▶ Rent/Mortgage (25%)▶ Children (15% Child Care, Education Savings, Clothes, etc.)▶ Auto / Transportation (10%)▶ Bills & Utilities (10% Phone, Water, Sewer, Trash, Internet, Streaming Services)▶ Insurance (10% Life/Health/Disability)▶ Groceries/Household Supplies (8%)▶ Charitable Giving▶ Fuel	<ul style="list-style-type: none">▶ Clothing (8%)▶ Dining Out (8%)▶ Entertainment (8%)▶ Vacation/Travel▶ Beauty/Personal Care▶ Health & Fitness -Fee & Charges▶ Misc.	<ul style="list-style-type: none">▶ Retirement Contributions▶ Emergency Fund Contributions▶ Student Loan Repayment (only if you are not going for forgiveness)▶ Health Savings Accounts

HOW TO PRIORITIZE CASH FLOW?

WHERE SHOULD MY MONEY GO FIRST?



Build Long Term Wealth

Do you want to have the ability to have a standard of care you can stand behind day after day? Would you like the ability to earn an above-average income?

The answer is likely unapologetically yes to both. Practice Ownership can provide that and more. I know what you are thinking; what about the amount of student loan debt I am facing?

Don't let your student loan debt talk you out of it. There are ways to finance a business purchase, buy-in structure, or do a start-up to build your version of a successful practice. There are plenty of options available to you. And I'll let you in on a little secret; the extra cash flow you get from owning a practice can help you pay off debt quicker. Not to mention – AVMA did a study, and practice owners are most satisfied in their career and suffer less burnout.

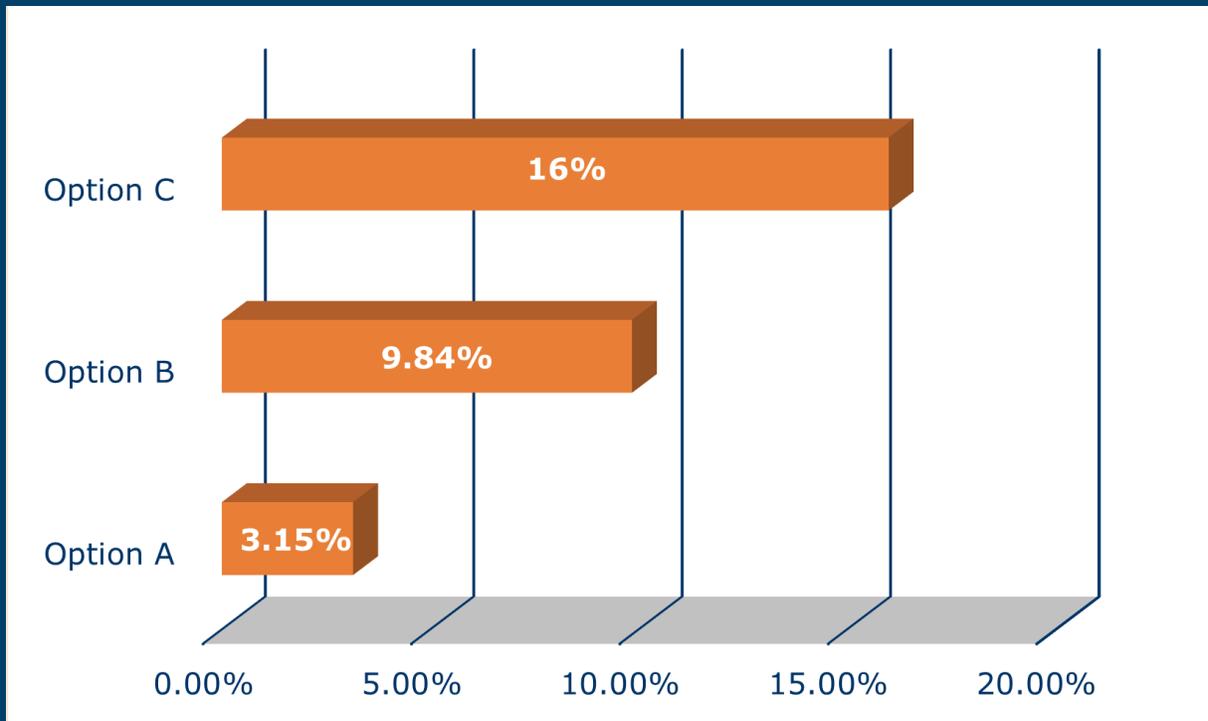
Veterinary practice ownership is a highly profitable business. Why do you think there is so much corporate consolidation and outside money flowing into the profession? One unnamed – large consolidator targets 20% profit margins for every clinic and hospital they open. They own hundreds today!

Your biggest asset is the ability to care for patients and provide medical advice. The better you do that, the more money you're likely to make.

Talking about money is not why you became a veterinarian. Having the “money talk” with clients is often uncomfortable and sometimes downright painful. The only way the industry stays private is from veterinarians like you being entrepreneurial and becoming a practice owner.

If we think about money from the perspective of, I have \$1, and where would be the best place to put that money? I believe this will become a bit clearer. Let's assume I am a veterinarian; if I wanted to save for retirement and had the following options, which one would I choose?

RATE OF RETURN

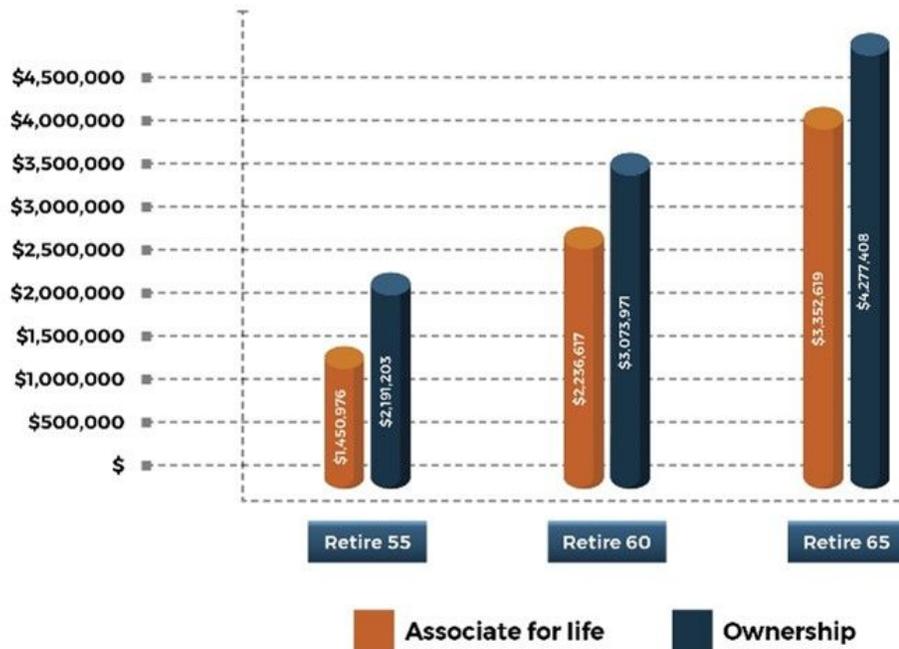


We don't need an MBA to choose the one that makes the most sense to choose. We'd all like C. What if C also allowed for you to have the most significant amount of control over the certainty of the return?

That sweetens the deal even further. A is the S&P 500's returns since 1913, B is the inflation rate since 1913, and C is the average return of a Veterinary Practice per the 2018 VSG report.

What does that look like over a career if you become an owner vs. staying an associate? Some assumptions are outlined at the end of the document, but **the evidence is powerful****.

ASSOCIATE VS. OWNERSHIP



	Associate for life	Ownership
Retire 55	\$ 1,450,976	\$ 2,191,203
Retire 60	\$ 2,236,617	\$ 3,073,971
Retire 65	\$ 3,352,619	\$ 4,277,408

The average associate veterinarian is earning a range of \$80,000 - \$115,000 depending on the experience, pay structure, and specialty. **As an owner, the total compensation with ownership can increase dramatically to an estimate of \$212,000.** This is not including some of the tax advantages of being an owner, which is beyond the scope of what we'll address in this piece.

Does ownership come with additional responsibilities? Of course. There is no doubt that is true, but the biggest difference between associates and owners is the equity in the practice. If you are operating a profitable practice, you are building an asset that you can sell moving into retirement. As an associate, your earnings are all you have your entire career, and you have no windfall when you retire. A further conversation is needed when we talk about building a profitable practice, but there are professionals out there who can help you make that happen.

Finally, we hear a lot about the desire for a work/life balance. You can accomplish this as an owner and as an associate. You do not need to be a solo owner working 70+ hour weeks. Partnerships can allow for a shared responsibility. A great discussion on practice ownership is here with **Dr. Dan Markwalder and Jason Coppens** on the podcast.

AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE

A POUND OF CURE

We all only get one crack at going through life and making the best decisions we know how to. You unlike many of your non-veterinarian peers started later in life to earning an income and saving. Addressing the various financial challenges, you face should not be put off. If you wait to plan for the future you unfortunately create a higher degree of stress and burnout.

“The eighth wonder of the world - compound interest. - Benjamin Franklin”

Our team has helped numerous peers of yours get more organized, confident, live comfortably today, and retire earlier than initially hoped. The first step is clicking the link below and having a conversation.

[START HERE](#)

SOURCES:

*Biz Equity

**Associate vs. Owner Calculations

- Assumes each veterinarian started making \$82,245 at age 27.
- The associate for life started saving 10% from day one and saved 20% of income from age 38 through retirement.
- The associate for life's salary was increased by 3% per annum.
- The investment return for both was calculated at 6.5%.
- The practice owner had no savings until age 35, and then saved 5% of income until age 45.
- The practice owner increased savings at age 45 to 15% of income.
- When the practice owner was age 35, the clinic was earning \$500,000 in revenue.
- The clinic grew at 5% per annum.
- The income for the practice owner increased at age 45 due to the expectations that the practice loan is paid off in 10 years.
- Prior to age 45, the practice owner's income is the same as the associate for life, as the additional income is put toward debt service.
- The clinic has a 20% profit margin.
- The clinic is sold at 8x earnings.
- The practice owner keeps 75% of the proceeds of the sale. Figured 80% of the sale at capital gains rates and 20% at ordinary income rates of 32%.



The Veterinarian's Owners Financial Guide



BUILDING LONG TERM WEALTH

Being an owner is stressful, and often you feel underappreciated. You wear many hats outside of being a great clinician that provides a high level of care. You are the HR manager, operations manager, chief financial officer, and deal with people daily who ask, "Why does this cost so much?". Taking care of yourself and your personal finances is often placed on the backburner for "another day," and that day continues to get pushed farther and farther into the future. You have the intellect and ability to address all the financial pieces that I know for certain. It is a combination of lack of time, energy, and a passion for financial matters.

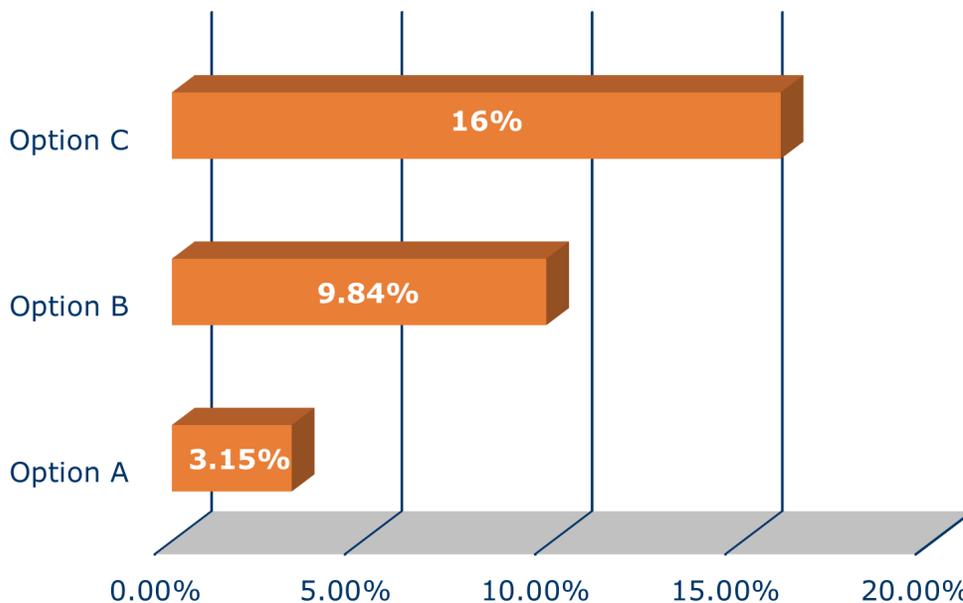
Your time is valuable whether you are at work or spending time with family and friends. Imagine a world where you are confident in your finances; they are simplified and focus on what matters most to you. You feel less stress, and you know that when you are ready to retire, you will have the ability to do so without questioning do I have enough. Sounds nice, doesn't it?

Well, I want to share three tips to help simplify your finances and increase your confidence in your financial health.

YOUR BIGGEST ASSET

Do you know what your biggest asset is today? I hope you guessed your practice and the ability to treat and care of patients and your clients. The average profit margin of a US business is 10%*. Veterinary medicine can be in the 15%+ range. There is a reason the “smart” money is coming into the veterinary space via private equity and corporate consolidation. **Even during bad times, veterinary clinics do solid business. Writing in Forbes in May 2018, Deborah Balshem noted that during the Great Financial Crisis, veterinary practice revenue was flat to 1% down. The COVID-19 pandemic again has shown how robust and stable veterinary medicine has been.**

While not recession proof, pets are becoming family and family member care is not where we cut back during a recession.



If we think about it from a truly investment related perspective if I have \$100,000 were would I want to invest those funds? You don't need an MBA to choose the one that makes the most sense to choose. We'd all like C. What if C also allowed for you to have the greatest amount of control over the certainty of the return?

That sweetens the deal even further. A is the S&P 500's returns since 1913, B is the rate of inflation since 1913, and C is the average return of a Veterinary Practice per the 2018 VSG report. So, tell me again why most financial planning and advice is not being focused on your biggest asset? I'll wait, because it absolutely should be.

GROWING YOUR BIGGEST ASSET

So, we've established you've made a great decision on practice ownership. Let's be real it is not easy or something that runs itself ownership is hard work. How can we ensure you are growing your wealth utilizing your most significant asset?

The single biggest expense of your practice is going to be staff costs. Your non-DVM staff is critically important to the business's overall success, and a healthy balance must be struck between appropriate wages and incentives to continue to keep them motivated. **Target 22%-24%** of revenue which includes all wages, payroll taxes, benefits, and retirement match.

The second part of the staff costs are the DVM compensation. Attracting and retaining associates is difficult. Again, you want to strike a healthy balance of adequate and fair compensation to all doctors. **Target 18%-20%** of revenue which includes all wages, payroll taxes, benefits, and retirement match.

Variable expenses (Cost of Doing Business) supplies, drugs, food purchases, and lab expenses will change depending on patients seen. The percentage to revenue however should not change though. **Target 20-22%** of revenue.

All other expenses: Rent, Utilities, Office, and all other misc. expenses. Target 20% of revenue.

Overall Goal – 85% or less. If you have these numbers in line, leaving you with an ideal net profit is around 15%+. The top VMG companion practices are at 26%. Once you see profit margin's in the single digits it's time to review where your numbers are out of alignment.

There is only so much juice you can squeeze out of cutting costs in your practice. The better use of your time and skill often adds new offerings to impact your revenue per hour worked.

Also, adding a new specialty every five years can help reduce burnout in your practice.

Dentistry – 85% of patients walking in the door of a companion health practice need dental care. How are you addressing these patients? Dental care like in humans is so important to overall health care, it can be so preventative in advance of bigger issues. Currently dentistry accounts for less than 5%-7% of revenue in a practice. The opportunities for increasing the health of the patient and the practices revenue are drastic. Dentistry could potential make up 15%-20% of practice revenue if the proper investments of equipment and training are made.

The education on why dental services are needed should be done as part of on-going marketing to clients of the practice. The best way to learn more about the impact of dentistry is here on **The Veterinarian Success Podcast**.

GROWING YOUR BIGGEST ASSET

Patient Financing – Third Party Financing, Wellness, and Payment Plans should all be considered and evaluated for areas to grow the patient base, as well as increase compliance and the standard of care. You must meet your patients where they are at financially. In-house payment plans are one area that requires training and marketing to be delivered correctly. Traditional third-party financing approvals hover around 40%-60%. What do you do with those that don't qualify? That's a lot of potential revenue and client treatment walking out the door, even if there are some delinquent or non-payers that occur. You can structure plans to cover your practice costs to ensure you don't work for free. There are multiple case studies where this has grown revenue by 100's of thousands of dollars for practices. The **No-Lo PracticeSM study done by VetPartners** shows that every lost dollar of lost profit represents \$4-\$6 of lost practice value when you go to sell. I have an entire episode on The Veterinarian Success Podcast on payment plans. **Listen here.**

Telemedicine – How is technology being used in your practice to increase the standard of care and compliance in the patients you serve? The idea of a virtual offering can and will be the norm in the future. It's up to you how you plan to implement and offer this service. The offering can be not only revenue-driven but also efficiency improving. Think about something as easy as a recheck. You can utilize your RVT's and staff to help free up your time. Also, think about recommended medications and then not purchased at your location, explaining why it's important. Content creation and marketing efforts can be utilized here to educate your clients (see below). A virtual care follow-up with links to your online pharmacy portal can help drive that revenue that otherwise is lost. We are all used to a subscription-based world (think Spotify, Netflix, and Amazon Prime) your telemedicine/telehealth offering can be something similar. I highly recommend careful thought and consideration and help from an expert before implementing an offering like this to ensure you have through the client experience fully. I have two episodes on The Veterinarian Success Podcast on telemedicine. **Listen here and here.**

Marketing – You can be the world's most extraordinary veterinarian, but if no one knows you are there, what good are your skills? I believe marketing is the single most overlooked and underutilized tool a private practice owner has. The average marketing spend is 1%-2% of revenue. If you are not at capacity and have your profitability in line with margins of 15% or greater, why wouldn't you spend more money on marketing knowing the returns? Again, not to mention that you have greater control of the outcome and are increasing the value of an asset that you own. Use the fact that you are a privately held business to your advantage. People embrace the 'buy local movement.' If all things are equal (your care, pricing, and location convenience), they will choose you over a corporate office. I have several episodes on The Veterinarian Success Podcast on marketing. **One is on the concepts, and one is on the tactics.**

Looking for more ideas for metrics to track and how to run a more efficient business? **Listen to my interview with Jason Coppens, which is full of information on this topic.**



**AN OUNCE OF PREVENTION IS
WORTH A POUND OF CURE.**

Our team understands veterinary medicine. We know the pressure and competition you are under. The average American takes 5x as much information every day today as we did in 1989, which is the equivalent of reading 175 newspapers from cover to cover.

We've helped numerous practice owners ensure that they are turning their most significant asset into future wealth to allow them to make work optional sooner.

Money is a significant stressor. The American Psychological Association found 64% of Americans see it as a significant or most substantial stressor.

We take the complex and work to distill down what is actionable and relevant to you, your family, and your practice. The first step is clicking the link below and having a conversation.

START HERE



The Veterinarian's Financial Guide For Retirement

MOVING FROM WORK TO PLAY

You've decided to step away and retire.

The first thing that you have likely thought about is, do I have enough to retire? The second and sometimes more challenging decision is, are you mentally prepared to move away from the daily routine?

We often get so tied to our profession it becomes part of our identity. One critical component of a successful retirement is ensuring you still pursue your passions.

Less than 5% of US business owners know the value of their business, yet, it is often their most significant asset, and a successful retirement hinges on the sale of that business. Unfortunately, as a veterinarian, that statistic is spot on, based on the conversations, I have had over the years, rarely does anyone know the value of their practice.

Most veterinarians only go through two maybe three transactions in their life. If you go about it without proper guidance from a professional team, all your dedication and hard work can be seriously undervalued. There are six often seven-figure decisions to be made here. A better understanding of navigating those decisions can be the difference between a comfortable retirement and a stressful one.

Imagine having the right people around you taking the complexity out of a transition and making it easy to understand. Then, assisting in planning to accomplish those retirement goals you had always dreamt of when you were driving home from work or on vacation. We have fortunately been able to do just that for numerous peers of yours. I wanted to share four tips to help simplify your finances and make you feel more confident in your retirement decisions.



MEDICARE

Healthcare costs account for 14% of the annual spending of a retiree over the age of 75. That's 35% more than those under the age of 64, according to the bureau of labor statistics consumer price index. According to "Take Control of Your 6 Biggest Retirement Expenses," U.S. News & World Report, August 2015 healthcare is the 2nd biggest expense in retirement. It is estimated that an average, healthy 65-year-old couple will need \$245,000 to pay for medical expenses for the remainder of their lives according to a 2015 Fidelity Investments study. This does not include long-term care costs (more on that later). Finally, Medicare will only typically cover about half of your healthcare costs in retirement according to "Take Control of Your 6 Biggest Retirement Expenses," U.S. News & World Report, August 2016.

Medicare is one of the biggest decisions you can make as you retire, while the below is not exhaustive overview it should get you more educated. There are four key areas of Medicare, and these are A, B, C, and D.

A = Hospital Insurance – which has no out of pocket premium, but doesn't cover all hospital costs. The first 60 days it has a \$1,484 inpatient hospital deductible. From day 61 to 90 it has a \$371 per day coinsurance. Day 90+ is has a \$742 per day coinsurance for lifetime reserve days.

What does that mean in layman's terms? A **90-day hospital stay** could cost \$12,614, and you will be on the hook for the majority of that expense.

B = Medical Insurance - non-hospital medical coverage except vision and dental. There is an annual deductible of \$203. There is a 20% coinsurance on doctor's services and outpatient care. The monthly premium is based on adjusted-gross-income (AGI).

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	MONTHLY PREMIUM
\$88,000 or less	\$176,000 or less	\$148.50
above \$88,000 up to \$111,000	above \$176,000 to \$222,000	\$207.90
above \$111,000 up to \$138,000	above \$222,000 to \$276,000	\$297.00
above \$138,000 up to \$165,000	above \$276,000 to \$330,000	\$386.10
above \$165,000 up to \$500,000	above \$330,000 to \$750,000	\$475.20
\$500,000 and above	\$750,000 and above	\$504.90

MEDICARE

C = Medicare Advantage - A Medicare health plan offered by a private company that contracts with Medicare. Provide all Part A and Part B benefits. Medicare Advantage plan may include Vision, Dental, Hearing coverage. Medicare Advantage Plans include HMO, PPO, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans.

What does that mean in layman's terms? The plan offers more choice and flexibility for those that want to ensure more predictable costs and a maximum out of pocket amount.

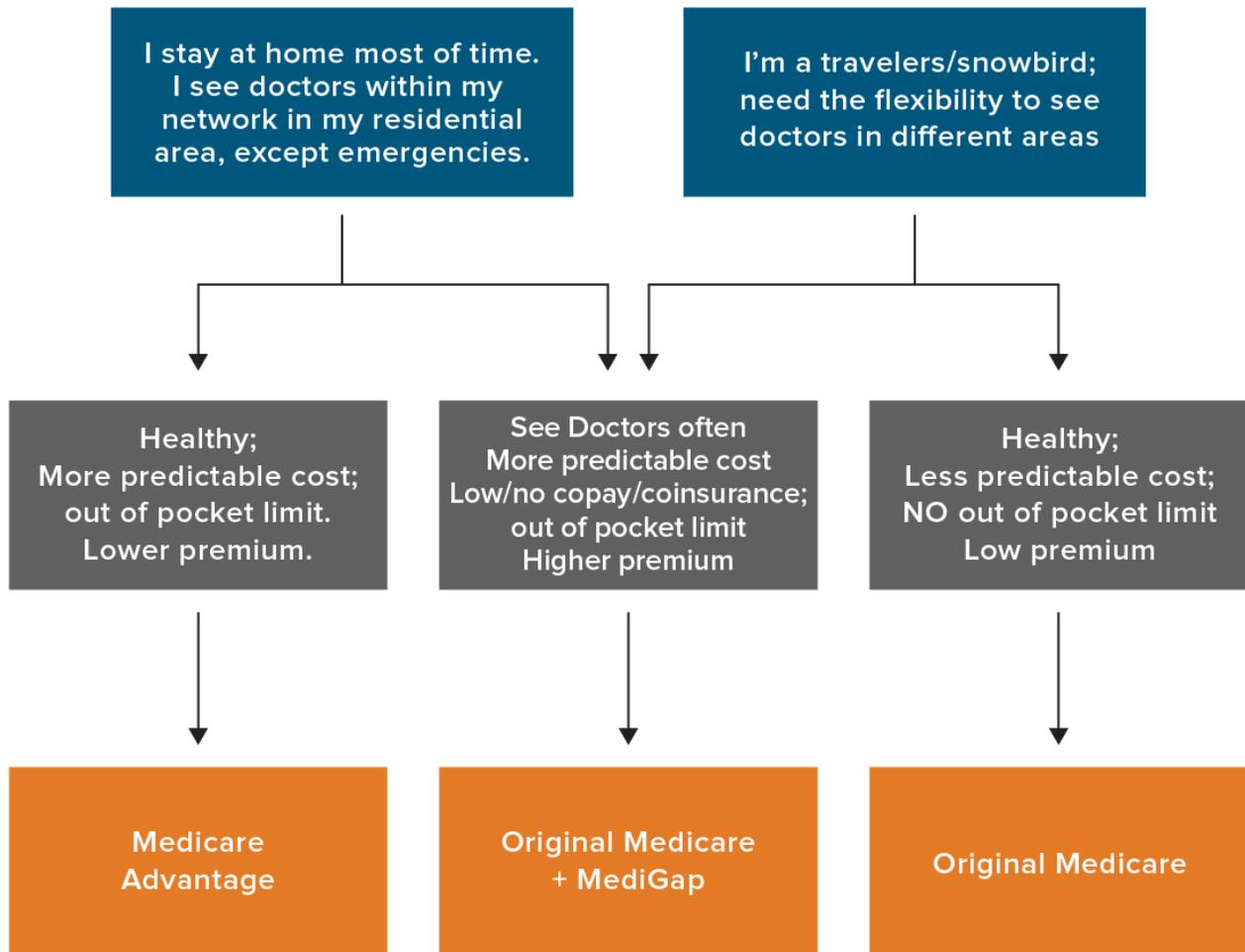
D = Prescription Drug - a benefit that per it's name covers drug costs. The base premium is \$33.06 and then tiers up from there as your taxable income increases (see chart below). One of the biggest items to avoid is the late enrollment Part D penalty **AS IT STAYS WITH YOU FOR LIFE.**

The late enrollment penalty amount typically is 1% of the national base beneficiary premium (\$32.74) for each full, uncovered month that the person didn't have Part D or other creditable coverage.

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	MONTHLY PREMIUM
\$88,000 or less	\$176,000 or less	Your plan premium
above \$88,000 up to \$111,000	above \$176,000 to \$222,000	\$12.30 + your plan premium
above \$111,000 up to \$138,000	above \$222,000 to \$276,000	\$31.80 + your plan premium
above \$138,000 up to \$165,000	above \$276,000 to \$330,000	\$51.20 + your plan premium
above \$165,000 up to \$500,000	above \$330,000 to \$750,000	\$70.70 + your plan premium
\$500,000 and above	\$750,000 and above	\$77.10 + your plan premium

MEDICARE DECISION TREE

So how do you plan on what you **DO** need and what you **DON'T** need?



It would be best to start thinking about Medicare decisions at 63, even though the benefits cannot be accessed until 65. The average healthcare cost total is \$5,238 per person in retirement, and that number has an inflation expectation of growing at 4.7% annually. These statistics are from a national Fidelity Investments survey and study.

What do you do if you are going to continue working past 65? If you don't have an employer group insurance plan, which most offices do not, you still need to enroll for all the Part A, B, C, and D benefits.

The initial enrollment period starts three months before your 65th birthday and lasts seven months. If you decided to take social security (more on that later), you would only need to enroll in parts C and D. Part A and B will be auto-enrolled at age 65.

MEDICARE DECISION TREE

What happens if you miss enrollment? There, unfortunately, is a penalty for late enrollment. It is **one of the steepest penalties** that the federal government imposes on retirees. Making matters worse, the Medicare penalty is **not a one-time penalty**. It is a penalty that stays with you for the rest of your life! If you take one thing away from reading the information here, let it be this.

So, what is the impact of late enrollment? It is a 10% penalty for every 12 months that you were eligible for Medicare Part B but didn't enroll. So, if you're 70 and didn't enroll in Medicare Part B, there could be a 50% (5 x 10%) penalty. As we discussed, Part D also charges its own late enrollment penalty of 1% per month or 12% per year for every year an individual was eligible to enroll but did not.

The resources for Part A and B can be found at www.ssa.gov. The resources for Part C, D, and Medigap can be found at www.medicare.gov.



LONG TERM CARE



Someone turning **age 65** today has almost a **70%** chance of needing some type of Long-Term Care (LTC) Services and supports in their remaining years.

The costs for care are staggering and are often used as a scare tactic to sell an insurance policy. I believe LTC has its place and is essential. It must fit into your financial plan from a benefit and cost perspective. You can see the cost of care for your location [here](#).

LTC is a touchy subject as the insurance policies that have been sold in years past haven't lived up to the expectations of those who purchased it. The results have been paying for a benefit and never reaping anything back when care is needed. The landscape of the LTC marketplace has changed, and there are many options for care.

I won't get into specifics on which policies are better than others as that is usually dictated by the needs of that individual. [To find the costs and how to pay here is a great resource from the federal government.](#)

There are policies that are traditional in the sense that the premiums increase over time, and if you don't use it, you lose it. There are hybrid plans that have a life insurance component which allow for if you don't use the policy at least you get back more than you put in. Also, many of these hybrid policies allow for you to pay up the cost of care before retirement if desired. Finally, there are riders in annuity and other life insurance policies that can offer some care benefits.

Ultimately, you need to understand the costs and benefits and decide what's best for you and if you do work with someone, try to ensure they are not incentivized in earning a commission on selling the policy. Or if you do understand that conflict over the size of the policy directly correlates to the money they make.

SOCIAL SECURITY

Social Security always seems to be a topic of great interest and opinion. I understand we all pay into the plan and want to see our portion of the benefit in retirement. Retirees and those getting close to retirement often are targets for annuities that provide guaranteed income. While I'm not condemning annuities, they have their time and place; social security is my favorite annuity because there isn't a significant expensive insurance burden.

I've often seen people who have the means to delay taking the benefits jump at the chance to take their benefit early at 62. The reasons I've heard often range from, "Who knows how long I've lived?" to "Who knows if social security will be around and I want to get something." and all sorts of variations of that.

The truth is by claiming benefits at 62; you are decreasing your benefit by up to 30%. Why would someone willingly give up more money that's guaranteed?

The only good reason might be poor health and a lack of options. If you are reading this, the odds are it's not you. On the flip side, if you want to earn the maximum, which is 8% each year, you delay from full retirement age (FRA) till age 70. At age 70, that benefit can be between 124% - 132% in increased benefit from FRA. That's a massive amount of money for delayed gratification.

Also, in a married couple situation, it's always advantageous to try to maximize the benefit of the highest-earning spouse that way the maximum benefit will always be protected. If spouse A was a veterinarian and spouse B was a teacher, if spouse B takes it at 62, they have a reduced benefit. If spouse A waited until 70 and then, unfortunately, passes away at 72, spouse B would be able to take a spousal benefit and earn the higher amount that spouse A would have earned.

So let's talk about the crossover point for when it makes sense to wait till 70 to claim the maximum amount. If you live past about 80-81 years old, you'll see a benefit in claiming at 70 vs. FRA. If you were to live to 90, you'd see about \$400,000 in more money claiming at 70 vs. 62 and just about \$200,000 more than FRA.

Finally, let's talk odds of living to certain ages. The odds of living to age 76 (when FRA would be more beneficial than filing early) if both spouses are alive at age 65 the odds of one of them living to age 76 is 95%. The odds of living to age eighty if both spouses are alive at age 65 the odds of one of them living to age 80 is 88%. The odds of one of them living to 90 is 47%.

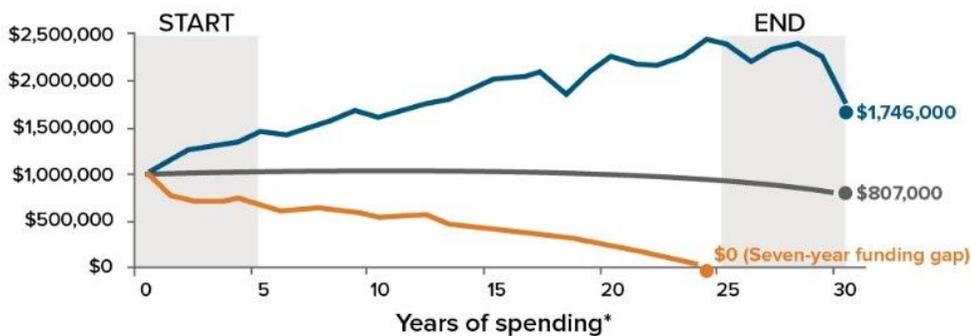
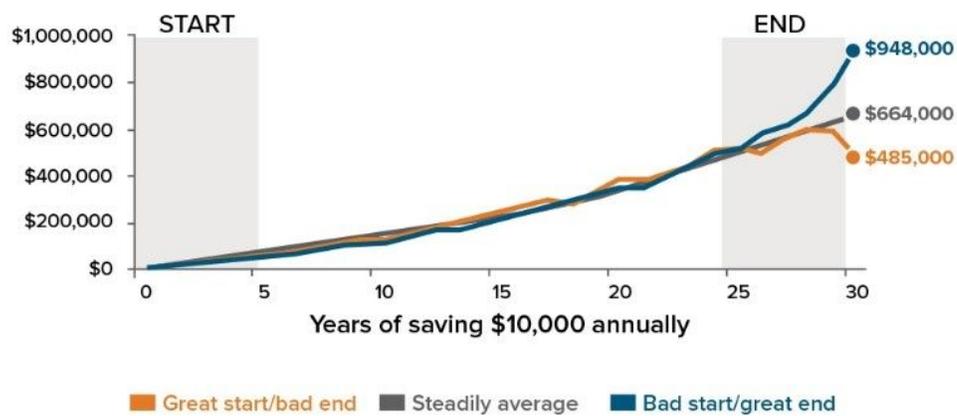
What I hope this instills is this-- please DON'T take the benefits early before FRA. You are likely going to be leaving hundreds of thousands of dollars on the table.

SEQUENCE OF RETURNS RISK IN INVESTING

One of the most interesting conversations with those looking to enter retirement is talking through investment strategy. While having the appropriate risk/return and diversification is paramount, the discussion of the sequence of returns risk is often not thought of. The sequence of return risk is all about the returns you have right before and right after retirement. And which has the most significant impact on the successful outcomes you may or may not have.

Once you retire and start spending your savings, it's a different ballgame than when you continue to contribute year after year. The "magic" number is ten years; it's unnecessary to decline and recover that hurts success the most it's a long, slow grind of losses or no growth.

Portfolio values assuming various return sequence scenarios



Hypothetical return scenarios are for illustrative purposes only and are not meant to represent an actual asset allocation.
 *Spending in retirement chart assumes an initial \$1,000,000 and a 4% withdrawal adjusted annually for inflation of

SEQUENCE OF RETURNS RISK IN INVESTING

How do you solve for sequence of return risk?

Proper diversification that allows you to be successful in economic expansion/contraction and inflation/deflation. We call this an all-weather approach.

The All-Weather Portfolio is a diversified asset mix first introduced by hedge fund manager Ray Dalio of Bridgewater capital. The portfolio is easy to build and maintain over time.

The simplistic all-weather asset allocation could look like this:

40% Long-term Bonds

- 50% US
- 50% International

30% Stocks

- 50% US
- 30% International
- 20% Emerging Markets

15% Intermediate-term Bonds

- 50% US
- 50% International

7.5% Gold

7.5% Commodities



Your Money Simplified.

www.vincerewealth.com



AN OUNCE OF PREVENTION IS
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Retirement is an exciting and joyous time. Retirement often comes with questions and concerns. Our team helps relieve the stress that comes with planning for a life-changing business sale, healthcare costs, leaving a legacy, and doing those bucket list items you have always dreamed about. We can help you feel confident in retirement.

We would love the opportunity to discuss what's on your mind when it comes to retirement. The first step is clicking the link below and having a conversation.

START HERE