

Interests & Insights



RETIREMENT PLANNING

Please select one response per question.

	Strong Yes	Moderate Yes	No	Strong No	N/A
1. Is your overall financial plan well-organized and coordinated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you feel that you have a predictable and sustainable retirement income plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you feel that inflation is a threat to your retirement income plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Are you worried about running out of money in retirement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



TAX PLANNING

Please select one response per question.

	Strong Yes	Moderate Yes	No	Strong No	N/A
1. Is saving money on taxes through financial planning strategies and your investments a top priority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you feel that your portfolio is being managed in the most tax-efficient manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is minimizing tax impact for your heirs a top priority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RISK MANAGEMENT PLANNING

Please select one response per question.

	Strong Yes	Moderate Yes	No	Strong No	N/A
1. Are you worried about the premature death of you or your spouse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are you concerned about being a burden to your children from a long-term care perspective?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you feel that you have appropriate life, health, and liability insurance coverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



INVESTMENT PLANNING

Please select one response per question.

	Strong Yes	Moderate Yes	No	Strong No	N/A
1. Are you worried about risk of loss in your portfolio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is maximizing upside return in your portfolio a top priority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is past performance a primary factor in how you make investment decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is it important for you to understand the empirical evidence behind your investment strategies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you feel that your portfolio has provided the return that you've expected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you feel that your portfolio has concentrated or specific risks that need to be addressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



LEGACY & ESTATE PLANNING

Please select one response per question.

	Strong Yes	Moderate Yes	No	Strong No	N/A
1. Is leaving money to your heirs a top priority for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you have an appropriate plan in place to easily sort out your estate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you feel that your wills, trusts, ownership of accounts, and beneficiaries are current?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name

Date

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