

# LIFE CHANGES CHECKLIST



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please select the answer that best describes your situation:

## EMPLOYMENT

- Change in career path?
- Change in employers or lost job?
- Received a promotion or new position?
- Change in compensation?
- Change in benefits?
- Sold a business or changed business ownership?
- Started or bought a business?
- Looking to slow down?
- Change in anticipated retirement date?

Currently Experiencing    Anticipate Short-Term    Anticipate Long-Term

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## FINANCIAL

- Bought or sold a home?
- Bought or sold a vacation home or other property?
- Taken on new debt?
- Paid down current debt?
- Received an inheritance, insurance, or other payout?
- Increased charitable giving?
- Gifting to children/grandchildren?
- Change in estate plan or beneficiaries?

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## FAMILY

- Change in marital status?
- Death in family?
- Expecting children/grandchildren?
- Hired childcare?
- Children began college or school?
- Became an empty-nester?
- Began advanced training/education?
- Family members experienced health issues?
- Disability of any family members?
- Started providing parental financial support or care?
- Family members entered into a long-term care facility?

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## AREAS OF INTEREST OR CONCERN

Please select ALL that apply.

- RETIREMENT PLANNING** | Social Security, Retirement Projection, Retirement Age, Pension Benefits
- TAX PLANNING** | Tax Liability, Tax Strategies, Capital Gains, Charitable Giving
- INVESTMENT PLANNING** | Portfolio Risk/Return, Investment Exposure, Broad Stock/Bond Markets, Economy
- INSURANCE PLANNING** | Life, Annuities, Long-Term Care, Health, Property & Casualty
- LEGACY & ESTATE PLANNING** | Wills, Trusts, Beneficiary Designations, Asset Ownership, Gifting

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