LIFE CHANGES CHECKLIST

NAME: ______________________ DATE: ______________

Please select the answer that best describes your situation:

	Currently Experiencing	Anticipate Short-Term	Anticipate Long-Term
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?			
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?			
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?			

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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