

Attention:

Financial Checkup:

Please return to me by post, fax, or email

Name: _____

Email: _____

Phone: _____

Would you like to be contacted by telephone/email for an appointment? YES NO

Please indicate any of the current information below so we may update your file:

CPA Information:

Property & Casualty Broker:

Name: _____

Name: _____

Email: _____ Phone: _____

Email: _____ Phone: _____

Since we last met, have you or would you:

- | | | |
|---|-----|----|
| Changed your mailing address? | YES | NO |
| Changed your marital status? | YES | NO |
| Added to your family? | YES | NO |
| Review your life insurance? | YES | NO |
| Changed or need to change your will? Consider discussing the advantages of trust? | YES | NO |
| Consider converting any term insurance? | YES | NO |
| Any need for policy changes/beneficiary changes? | YES | NO |
| Consolidate prior employer 401(k)? | YES | NO |
| Consider insurance on children or grandchildren? | YES | NO |
| Started or changed your pension plan at work? | YES | NO |
| Increase estimate of monthly income needed for retirement? | YES | NO |
| A need for new disability (loss of income) insurance? | YES | NO |
| Acquired additional real estate/additional personal assets? | YES | NO |
| Have you or your spouse received any inheritance? | YES | NO |
| Changed your occupation? Entered into a new business venture? | YES | NO |
| Changed attorneys, banks, accountants, etc? | YES | NO |

For questions marked "yes" please make any necessary comments below:

