

#### ➤ General Information

1. Has relevant personal information been gathered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Has financial situation been assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Liabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

#### NOTES

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#### ➤ Savings and Cash Management

1. Have financial goals been discussed and prioritized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Cash reserve for emergencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Saving for down payment on home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Saving for other major expense (e.g., car, travel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Saving for retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have saving and investment vehicles been established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Savings account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Checking account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Investment account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ 401(k) or other retirement plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Is there an employer-sponsored plan with a matching or profit-sharing company contribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Has making appropriate investment decisions been discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Risk tolerance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Liquidity needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Time horizon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Types of investments (e.g., income, growth)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Diversification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Tax consequences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Dollar cost averaging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Has a budget been prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Is an appropriate financial record-keeping system being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

#### NOTES

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#### ➤ Credit Management

1. Has good credit history been established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have ways to maintain a good credit history been discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Has outstanding consumer debt (including interest rates) been listed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Credit cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Auto loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Student loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Mortgages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Other secured or unsecured loans or lines of credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Have ways to reduce consumer debt been discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Paying cash vs. using credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Lowering interest rates on loans and credit cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Consolidation of student loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Debt consolidation loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Use of home equity loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**NOTES**

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#### ➤ Retirement Planning

1. Have retirement income needs been evaluated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Have retirement income sources been discussed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ 401(k)s and other retirement plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Personal savings (including IRAs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**NOTES**

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#### ➤ Estate Planning

1. Is there a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. If so, was it drafted recently (i.e., within the last five years)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Have durable powers of attorney been executed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Have health-care directives been executed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**NOTES**

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#### ► Insurance Planning

<b>1. Have insurance needs been reviewed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Homeowners / renters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>2. Is group coverage available from employer or other source?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Homeowners / renters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>3. Does insurance need to be purchased or upgraded?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Health (including short-term coverage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Homeowners/ renters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

#### NOTES

#### ► Tax Planning

<b>1. Has appropriate income tax filing status been chosen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>2. Has proper income tax withholding amount been calculated?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>3. Will estimated income tax payments need to be made?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>4. Is self-employment income a consideration?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>5. Has personal deduction planning been explained?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Taking standard deduction vs. itemizing deduction(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Timing of deductions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
▪ Limits on deductions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>6. Have relevant deductions and credits been reviewed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A