

## Financial “Check-up”

Name: \_\_\_\_\_

*Please check off one answer for each question. Then TOTAL each column.*

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
• Have you redrafted your short, intermediate and long-term goals within the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you calculated the monthly contributions needed to reach these goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you drafted a cash budget for this year and determined monthly costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have 3 months of living expenses set aside in liquid accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you drafted out your values?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a written plan of action or written comprehensive financial plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you completed an investment policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is your asset allocation matched to your investment policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you completed a recent analysis of your insurance needs for:			
Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Owner’s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have Long-Term Care Insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you recently completed Income Statement, Balance Sheet, and Cash Flow statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you had your tax returns analyzed for the past 3 years to find savings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are you maximizing all Tax savings techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Has your debt situation been recently analyzed to determine the leverage ratio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are you working down your debts aggressively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you recently completed a needs analysis for your child’s college funding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you set up a 529 plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you completed a retirement needs analysis in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are you saving 25% of your gross towards your retirement goal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Have you completed an estate needs analysis within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have...			
A Will _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Revocable Trust _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An ILIT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A letter of Final Instruction _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL** \_\_\_\_\_

**There are 29 questions. If your “No” totals are:**

10 and above: You need to make an appointment **immediately** for a comprehensive check up.

5 – 10: You better plan a comprehensive review soon.

1 – 5: You are generally in good shape.