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Client Review Checklist

Name _____ Date: _____

Address: _____

Home Phone: _____ Business Phone: _____

Some of the events which occur in our lives affect our financial goals and plans. Please put a checkmark by any of the items below which have changed or occurred since our last review:

- Birth/adoption of a child
 - Interested in funding a child's or grandchild's education
 - Learned that careful asset positioning could have a sizeable impact on financial aid amounts/eligibility for my child's college costs
 - Became concerned about funding of long-term care for self or relative
 - Employment change
 - Significant change in employee benefits
 - Income change
 - Death, long-term illness or disability of a close relative
 - Retirement {actual or to occur soon}
 - Purchased or sold real estate interest in a business
 - Received a large sum of money
 - Became concerned about estate: cost/taxes
 - Considered changing insurance beneficiaries
 - Marriage or divorce
 - Became interested in tax minimization strategies
 - Considered a sizeable gift or gifting program
 - Became interested in a charitable bequest
 - Became concerned about supplementing Social Security Income
 - Wanted to obtain a current estimate of potential Social Security benefits
 - Acquired or sold an ownership
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