

# Life Events Checklist

Change is a constant part of every life. In order to determine how we may best serve you, please complete the form below and return it to us at your earliest convenience.

## Common Life Events

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New child or grandchild    | <input type="checkbox"/> Change in marital status  | <input type="checkbox"/> Death of family member       |
| <input type="checkbox"/> New job or promotion       | <input type="checkbox"/> Change in estate plan     | <input type="checkbox"/> New investments or insurance |
| <input type="checkbox"/> Receipt of an inheritance  | <input type="checkbox"/> Sale or purchase of home  | <input type="checkbox"/> Retirement                   |
| <input type="checkbox"/> Major investment gain/loss | <input type="checkbox"/> Start/purchase a business | <input type="checkbox"/> Gain/loss business partner   |
| <input type="checkbox"/> Health concerns            | <input type="checkbox"/> Sold or acquired assets   | <input type="checkbox"/> Other: _____                 |

## Areas of Interest or Concern

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Retirement planning           | <input type="checkbox"/> Education funding     | <input type="checkbox"/> Investment review              |
| <input type="checkbox"/> Estate planning               | <input type="checkbox"/> Income tax planning   | <input type="checkbox"/> Survivor benefit planning      |
| <input type="checkbox"/> Major asset purchase/lease    | <input type="checkbox"/> Planning for parents  | <input type="checkbox"/> Health/Long-term care planning |
| <input type="checkbox"/> Business/exec. benefits       | <input type="checkbox"/> Business continuation | <input type="checkbox"/> Charitable giving              |
| <input type="checkbox"/> Pers. Property/liability ins. | <input type="checkbox"/> Disability income     | <input type="checkbox"/> Other: _____                   |

## Additional Comments and Notes

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## Contacting You

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Best time to call: \_\_\_\_\_

\_\_\_\_\_

Please contact me as soon as possible

Email: \_\_\_\_\_