



ISSUES AND CONCERNS

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

\_\_\_\_\_

Work#: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work#: \_\_\_\_\_

Please circle the answer that best describes your situation:

TAX PLANNING

Are the taxes you pay acceptable?	Yes	No	Unsure
Are you using all the legal tax loopholes to reduce your taxes?	Yes	No	Unsure

RETIREMENT PLANNING

Are you already retired?	Yes	No	Unsure
Do you anticipate a rollover of company savings or pension distribution?	Yes	No	Unsure
Do you plan on retiring soon?	Yes	No	Unsure
Do you know at what age you would like to retire?	Yes	No	Unsure
Do you have enough money for retirement?	Yes	No	Unsure

EDUCATIONAL PLANNING

Do you have sufficient funds for your children's education?	Yes	No	Unsure
Is the invested money properly registered in the appropriate name?	Yes	No	Unsure
Do you plan on having children?	Yes	No	Unsure
Are there any other family members (i.e., grandchildren, etc.) that you wish to assist with education funding?	Yes	No	Unsure

INVESTMENT PLANNING

Do you need financial organization?	Yes	No	Unsure
Has your portfolio been reviewed by an independent advisor?	Yes	No	
Do you have sufficient cash flow?	Yes	No	Unsure
Do you need budget planning?	Yes	No	Unsure
Does your portfolio protect you from financial disaster? (i.e. stock and bond market crash)	Yes	No	Unsure
Do you have adequate asset diversification?	Yes	No	Unsure
Does your portfolio protect you from inflation?	Yes	No	Unsure
Does your portfolio match your risk tolerance?	Yes	No	Unsure
Do you plan on making additional investments?	Yes	No	Unsure

## BUSINESS PLANNING

Are you a business owner?	Yes	No	
Are you using all the tax loopholes available for your business?	Yes	No	Unsure
Is your business tax planning coordinated with your personal tax planning?	Yes	No	Unsure
Will you acquire or sell a business?	Yes	No	Unsure

## INSURANCE

Have you had an objective, independent review and analysis of your insurance?	Yes	No	
Do you have the right amount of insurance?	Yes	No	Unsure
Are you paying too much for insurance?	Yes	No	Unsure

## COMPANY BENEFITS

Are you taking full advantage of your company benefits?	Yes	No	Unsure
Do you expect an increase in income?	Yes	No	Unsure
Do you plan on changing jobs?	Yes	No	Unsure
Do you know if your company pension plan is adequate?	Yes	No	Unsure

## ESTATE PLANNING

Do you have wills or trusts?	Yes	No	
Have you had your wills reviewed recently?	Yes	No	
ARE YOUR BENEFICIARIES UP TO DATE?	Yes	No	Unsure
Have you done inheritance planning?	Yes	No	
Will your estate avoid probate?	Yes	No	Unsure
Are you a beneficiary of any trusts or wills?	Yes	No	Unsure

## MORTGAGE PLANNING

Do you plan on moving?	Yes	No	Unsure
Do you plan on buying a home?	Yes	No	Unsure
Do you plan to or need to refinance your home?	Yes	No	Unsure
Do you need mortgage and other financing analysis?	Yes	No	Unsure

## OVERALL PLANNING

Do you need a coordinated, integrated financial plan?	Yes	No	Unsure
Do you spend enough time on planning your finances?	Yes	No	Unsure
Do you know what a Financial Planning Professional does?	Yes	No	Unsure
Have you set specific financial goals?	Yes	No	Unsure

## ADDITIONAL COMMENTS OR CONCERNS

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