

Life Events Checklist

Any of the events listed below could have significant implications for your present or future financial situation, needs or plans. Please let me know which of these events you have experienced recently or expect to experience in the near future. I am available to discuss at your convenience.

LIFE EVENTS

Check the boxes of events you have experienced recently or expect to in the near future:

- | | |
|---|--|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Birth of a Child | <input type="checkbox"/> Loss of Job |
| <input type="checkbox"/> Birth of a Grandchild | <input type="checkbox"/> Sale of Business |
| <input type="checkbox"/> Divorce or Separation | <input type="checkbox"/> Refinance of Business |
| <input type="checkbox"/> Remarriage | <input type="checkbox"/> Failure of Business |
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| <input type="checkbox"/> Children Go to College | <input type="checkbox"/> Relocation for Retirement |
| <input type="checkbox"/> Last Child Leaves Home | <input type="checkbox"/> Parent / Other Relative Moves in with You |
| <input type="checkbox"/> Child Marries | <input type="checkbox"/> Disability or Chronic Illness of Self or Spouse |
| <input type="checkbox"/> Adult Child Divorces or Separates | <input type="checkbox"/> Disability or Chronic Illness of Parent / Grandparent |
| <input type="checkbox"/> Adult Child Remarries | <input type="checkbox"/> Disability or Chronic Illness of Adult Child |
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| <input type="checkbox"/> Purchase of a Home | <input type="checkbox"/> Relocation of Parent, Spouse or You to Assisted Care Facility |
| <input type="checkbox"/> Sale of a Home | <input type="checkbox"/> Death of Parent / Grandparent |
| <input type="checkbox"/> Sale or Purchase of Other Property | <input type="checkbox"/> Death of Child or a Child's Spouse |
| <input type="checkbox"/> Leaving a Legacy | <input type="checkbox"/> Death of Spouse |
| <input type="checkbox"/> Inheriting an IRA, Life Insurance
or Other Assets | |
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| <input type="checkbox"/> New Employer / New Career | |
| <input type="checkbox"/> Spouse Begins Work | |
| <input type="checkbox"/> Spouse Stops Work | |
| <input type="checkbox"/> Relocation for a New Job | |
| <input type="checkbox"/> Start a New Business | |

This material is not intended to address every situation, nor is it intended as a substitute for the legal, accounting or financial counsel of your professional advisors with respect to your individual circumstances.