

Household Name:

Date:

What is the household's plan to deal with the following events?

The following is a list of six events that commonly change the course of financial well-being. Indicate whether there is a "plan" in place for these events, there is "no plan", or it is time to "modify" or address the current plan.

	Plan	No Plan	Modify	Details/Notes
<p><u>Liquidity Needs</u></p> <ul style="list-style-type: none"> Do we have sufficient access to capital? (i.e. Core Living Expenses, Amount desired to "sleep at night") 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>Long-Term Disability</u></p> <ul style="list-style-type: none"> Can we afford to live on a fraction of our earnings? (i.e. Living Expenses, Lost Retirement Savings, Education Funding, Home Modification) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>Loss of Life</u></p> <ul style="list-style-type: none"> What financial obligations have we made? (i.e. Mortgage, Credit Card, Loans, Final Expenses, Education, Emergency Res., Legacy, Lifetime Income, Transitional Income) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>Long-term Care</u></p> <ul style="list-style-type: none"> Does it make sense to self fund? (i.e. Facility Expenses, In-home care, Home Modification, Training, Coordination) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>Longevity</u></p> <ul style="list-style-type: none"> Do we have enough to fund our long-term spending goals? i.e. Retirement; Education (i.e. Living Expenses, Education Funding, Medical Expenses, Vacation Home) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><u>Legal, Liability & Legacies</u></p> <ul style="list-style-type: none"> What is our legacy? (Wills, Trusts, Creditors, Predators, Asset-Protection Concerns, Liability Coverages, Special Needs Dependants) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	