



Job/Title
Employer
\$/yr

401K/403b
Active/Inactive
\$

IRA (Roth?)
Institution
\$

Checking/Savings
Bank
\$

Brokerage
Institution
\$

Life Insurance
Insurance Carrier
\$

Life Insurance
Insurance Carrier
\$

Long-Term Disability
Insurance Carrier
\$/mo

Long-Term Disability
Insurance Carrier
\$/mo

Long-Term Care
Insurance Carrier
\$/day

Long-Term Care
Insurance Carrier
\$/day

Job/Title
Employer
\$/yr

401K/403b
Active/Inactive
\$

IRA (Roth?)
Institution
\$

Checking/Savings
Bank
\$

Brokerage
Institution
\$



Name
DOB
Primary

Name
DOB
Spouse/Partner

Checking
Bank
\$

Savings
Bank
\$

Home
City/State
\$

529
Mutual Funds
\$

Credit Cards
Co. Name
\$

Mortgage
Bank
\$

Legal Entities: Dependents/Other Significant People



Name
DOB

Name
DOB

Name
DOB

Name
DOB

Relationship Relationship Relationship Relationship

Businesses/Trusts/Charities

Advisors

6^s

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

The following is a list of 6 events that commonly change the course of financial well-being.

	Plan	No Plan	Modify	Details
1. Liquidity Needs 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"/>	
2. Long-Term Disability 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"/>	
3. Loss of Life 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"/>	
4. Long-term Care 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"/>	
5. Longevity 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"/>	
6. Legal, Liability, & Legacies What is our legacy? Wills Trusts Creditors Predators Asset-Protection Concerns Liability Coverages Special Needs Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Next Meeting/Discussion

Date: _____
Place: _____
Time: _____