



Job/Title
Employer
\$/yr

401K/403b
Active/Inactive
\$

IRA (Roth?)
Institution
\$

Checking/Savings
Bank
\$

Brokerage
Institution
\$

Life Insurance
Insurance Carrier
\$

Long-Term Disability
Insurance Carrier
\$/mo

Long-Term Care
Insurance Carrier
\$/day

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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

6L^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.

1. Liquidity Needs

Do we have sufficient access to capital?

(i.e. Core Living Expenses, Amount desired to "sleep at night")

Plan No Plan Modify

Details

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)

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)

4. Long-term Care

Does it make sense to self fund?

(i.e. Facility Expenses, In-home care, Home Modification, Training, Coordination)

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)

6. Legal, Liability, & Legacies

What is our legacy?

Wills
Trusts
Creditors
Predators
Asset-Protection Concerns
Liability Coverages
Special Needs Dependents

Next Meeting/Discussion

Date: _____
Place: _____
Time: _____