
Life Events Checklist

Change is a constant part of every life. In order to determine how we may best serve you, please complete the form below and return it to us at your earliest convenience.

Common Life Events

- | | | |
|---|--|---|
| <input type="checkbox"/> New child or grandchild | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Death of family member |
| <input type="checkbox"/> New job or promotion | <input type="checkbox"/> Change in estate plan | <input type="checkbox"/> New investments or insurance |
| <input type="checkbox"/> Receipt of an inheritance | <input type="checkbox"/> Sale or purchase of home | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Major investment gain/loss | <input type="checkbox"/> Start/purchase a business | <input type="checkbox"/> Gain/loss business partner |
| <input type="checkbox"/> Health concerns | <input type="checkbox"/> Sold or acquired assets | <input type="checkbox"/> Other: _____ |

Areas of Interest or Concern

- | | | |
|--|--|--|
| <input type="checkbox"/> Retirement planning | <input type="checkbox"/> Education funding | <input type="checkbox"/> Investment review |
| <input type="checkbox"/> Estate planning | <input type="checkbox"/> Income tax planning | <input type="checkbox"/> Survivor benefit planning |
| <input type="checkbox"/> Major asset purchase/lease | <input type="checkbox"/> Planning for parents | <input type="checkbox"/> Health/LTC planning |
| <input type="checkbox"/> Business/exec. benefits | <input type="checkbox"/> Business continuation | <input type="checkbox"/> Charitable giving |
| <input type="checkbox"/> Pers. property/liability ins. | <input type="checkbox"/> Disability income | <input type="checkbox"/> Other: _____ |

Additional Comments and Notes

Contacting You

Name: _____ Address: _____

Telephone: _____

Best time to call: _____

Please contact me as soon as possible Email: _____