## REVIEW WORKSHEET

**Name(s):**______________________________ **Date of Review:**______________________________

We wish to develop a strategy to best pursue your personal and financial goals, while at the same time continually improving our relationship. In order to best help achieve these goals, we are asking you to document the significant events in your life, and to share with us some details from the past year. Please answer the following questions and mail your responses back to us in the enclosed envelope prior to our next meeting. Your responses will help us improve the services we provide to you.

**Please answer the following questions to the best of your ability in a few sentences:**

1. What do you value most about the services we offer?

   ______________________________________________________________________________

   ______________________________________________________________________________

2. If you could accomplish one thing in your lifetime, what would it be?
   *(Travel, rnajor purchase, location/lifestyle change, etc.)*

   ______________________________________________________________________________

   ______________________________________________________________________________

3. Can you tell me about the interests of your family members?
   *(Sports, travel, hobbies, etc.)*

   ______________________________________________________________________________

   ______________________________________________________________________________

4. If you have children or grandchildren, what are your plans for their education?
   *(Grarnrnar school, high school, college, etc.)*

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*Continued>*

**Review Worksheet** continued

5. Have there been any significant lifestyle changes over the past year?
*(Marriage, divorce, house purchase, anniversary, promotion, births, deaths, onset of health problems, recent accomplishment,setc.}*

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6. How would you best describe a happy retirement both financially and emotionally in the future?
*(How you spend your time, travel, working, living situation, with family, etc.}*

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______________________________________________________________________

7. Have there been any changes in your life that would benefit from financial guidance?
*(Estate planning, inheritance, social security eligibility, retirement, etc.}*

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8. Since our last review, has your attitude changed regarding the stock market or your investment risk tolerance?
*(Domestic, international, bond market, interest rates, unemployment, current goals, fature goals, portfolio risk tolerances, etc.)*

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9. Since our last review, have you developed any concerns or anxieties regarding the economy, politics, or rhe community?

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10. Since our last review, have any of your short- or long-term goals changed?
*(Retirement goals, investment objective, wedding, college tuition payments, etc.}*

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*Continued>*

**Review Worksheet** continued

11. Since our last review, have there been any changes in your personal or financial situation?
*(Retirement time horizons, beneficiary changes, retirement income/cash flows, contributions, company bonuses, tax changes, etc.)*

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______________________________________________________________________________

12. Do you have an understanding of the asset allocations and investment decisions we've made? Please explain your answer.

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______________________________________________________________________________

13. . Do you have any current or future charitable commitments? If so, please explain.

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______________________________________________________________________________

14. Are you pleased with the overall asset allocation and investment selections we have made for you? If not, please explain.

______________________________________________________________________________

______________________________________________________________________________

15. Are you concerned about preserving your assets from health care expenses as you get older? Would you like more information regarding long-term care insurance (LTCI)?

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16. Retirement planning has become a focus within our firm. Can you rel! me some of the issues or concerns (financial or emotional) you have had abour reaching retirement?

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*Continued>*

**Review Worksheet** continued

17. When was the last time you reviewed your will, trusts, power of attorney, health care proxy, living will, life ins urance, auto insurance, personal umbrella policy, and so on?

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______________________________________________________________________

18. Would you like us to review your existing insurance policies and/or to discuss the benefits of using different types of insurance in your overall financial plan?

______________________________________________________________________

______________________________________________________________________

19. Do you feel there is any service we should be providing that we currently do not offer? If so, please explain.

______________________________________________________________________

______________________________________________________________________

20. We have found that fostering a relationship with your professional affiliations provides us with the opportunity to better pursue your financial goals. Please take a moment to complete the following information .

**Attorney**

Name/Firm________________________________________________________

Telephone number ____________________________________________________

Address__________________________________________________________

E-mail address ______________________________________________________

How long have you worked with this professional? ____________________________________

On a scale of 1-5, how satisfied are you with the relationship? (I = not satisfied, 5 = very satisfied) ________________

May I contact this professional? __________________________________________________

*Continued>*

**Review Worksheet** continued

### Accountant/CPA

Name/Firm________________________________________

Telephone number ____________________________________

Address_________________________________________

E-mail address _____________________________________

How long have you worked with this professional? __________________________

On a scale of 1-5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) ________

May I contact this professional? ________________________________

### Insurance Agent

Name/Firm________________________________________

Telephone number ____________________________________

Address_________________________________________

E-mail address _____________________________________

How long have you worked with this professional? __________________________

On a scale of 1-5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) ________

May I contact this professional? ________________________________

*Continued>*

## Mortgage Broker

Name/Firm_______________________________________________

Telephone number _______________________________________________

Address_______________________________________________

E-mail address _______________________________________________

How long have you worked with this professional? _______________________________

On a scale of 1-5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) __________

May I contact this professional? _______________________________________

## Other __________________

Name/Firm_______________________________________________

Telephone number _______________________________________________

Address_______________________________________________

E-mail address _______________________________________________

How long have you worked with this professional? _______________________________

On a scale of 1-5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) __________

May I contact this professional? _______________________________________

*Continued>*

**Review Worksheet** continu ed

**For Business Owners - Consultants, Bankers, Business Brokers, Strategic Coaches, and so on**

Name/Firm________________________________________

Telephone number ________________________________________

Address________________________________________

E-mail address ________________________________________

How long have you worked with this professional? ______________________________

On a scale of 1-5, how satisfied are you with the relationship? (1 = not satisfied, 5 = very satisfied) _______________

May I contact this professional? ________________________________________

**Additional Notes**

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