

# ANNUAL REVIEW CHECKLIST

Client Name: \_\_\_\_\_

Legal:				Year last reviewed
1) Is your Survivor's Guide completed and does it reflect your wishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
2) Is your Will current (within 3 years) and reflect your wishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
3) Is your Trust current and does it reflect your wishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
4) Is your Durable Power of Attorney current (within 1 year) & reflect your wishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
5) Is your Medical Power of Attorney current and reflect your wishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
Is it electronically filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____
6) Is your Quality of Life Directive current and reflect your wishes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	_____

1) Do you have an Identity Theft plan in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2) Is your Umbrella Liability protection in place & does it meet your needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3) Is your current Life Insurance structured properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4) Are you aware of any changes made to your Home Insurance last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5) Have you completed a Home Insurance Checklist in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6) Does your LTC plan still meet your needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7) Does your Final Expense plan still meet your needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8) Do you have your Safe Deposit Box set up to avoid probate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9) Do you have an "Ugly Surprise" plan in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10) Do you have a plan in place to replace your spouse's Social Security Income at their passing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
11) Do you have a plan in place for your finances in case of a disaster? (Including Internet Outages, Power Outages, Internet Security Breach, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Financial:				
1) Has titling been reviewed and updated on the following accounts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
• Bank Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
• Investment Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
• Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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**Financial:**

- 2) Have beneficiaries been reviewed and updated on the following accounts:  Yes  No  N/A
  - Bank Accounts  Yes  No  N/A
  - Investment Accounts  Yes  No  N/A
  - Life Insurance  Yes  No  N/A
  - Other \_\_\_\_\_  Yes  No  N/A
- 3) Have your taxes been reviewed in the last 3 years for savings & accuracy?  Yes  No  N/A

**Debt:**

- 1) \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Payoff Date: \_\_\_\_\_
- 2) \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Payoff Date: \_\_\_\_\_

**Asset Allocations:**

Current Principal Preservation: \_\_\_\_\_%      Current Market Sensitive: \_\_\_\_\_%  
Objective Principal Preservation: \_\_\_\_\_%      Objective Market Sensitive: \_\_\_\_\_%

**Monthly Income:**

	Husband	Wife
Social Security	_____	_____
Pension	_____	_____
Interest/Dividends	_____	_____
Other Income	_____	_____

What are your approximate MONTHLY expenses? \$ \_\_\_\_\_

- Are you comfortable with your current cash flow?  Yes  No  Don't know
- Do you expect any significant change in cash flow?  Yes  No  Don't know
- Have you reviewed or updated your monthly routine payment list to assist your loved ones in case of an emergency?  Yes  No  Don't know
- Are you anticipating any major lifestyle changes...  
*i.e. marriage, moving, buying another home, etc?*  Yes  No  Don't know
- Do you expect to make any large purchases with the next three years?  Yes  No  Don't know

**Recommendations and/or Observations:**

\_\_\_\_\_  
\_\_\_\_\_

Client's Name	Client's Signature	Date
Client's Name	Client's Signature	Date
Advisor's Name	Advisor's Signature	Date