



## Financial Assessment

Please complete this form for yourself. If you are part of a couple, your spouse/partner should complete their own form.

Yes	No	
<b>Your Financial Picture</b>		
<input type="checkbox"/>	<input type="checkbox"/>	I developed and use a spending plan to help manage my finances.
<input type="checkbox"/>	<input type="checkbox"/>	I have a national credit card in my own name.
<input type="checkbox"/>	<input type="checkbox"/>	I typically pay my credit card balance in full each month.
<input type="checkbox"/>	<input type="checkbox"/>	I review my credit reports on a yearly basis.
<input type="checkbox"/>	<input type="checkbox"/>	I have established a “rainy day” fund for emergencies.
<b>Your Roadmap to Investing</b>		
<input type="checkbox"/>	<input type="checkbox"/>	I have developed financial goals and the time frame to reach them.
<input type="checkbox"/>	<input type="checkbox"/>	I am saving money on a regular basis toward specific financial goals.
<input type="checkbox"/>	<input type="checkbox"/>	I have developed and am comfortable with my investing strategies.
<input type="checkbox"/>	<input type="checkbox"/>	I review my retirement investments at least yearly.
<b>Securing Your Retirement</b>		
<input type="checkbox"/>	<input type="checkbox"/>	I know my employer retirement benefits.
<input type="checkbox"/>	<input type="checkbox"/>	I know approximately what my Social Security income will be in retirement.
<input type="checkbox"/>	<input type="checkbox"/>	I know approximately what my future income from my investments will be in retirement.
<b>Protecting You and Your Family</b>		
<input type="checkbox"/>	<input type="checkbox"/>	I have an up-to-date will.
<input type="checkbox"/>	<input type="checkbox"/>	I have authorized another person(s) to act on my behalf under a “power of attorney” for financial and health decisions.
<input type="checkbox"/>	<input type="checkbox"/>	When I die, my survivors know whom to notify.
<input type="checkbox"/>	<input type="checkbox"/>	I have documents pertaining to my personal and family finances where my family can find them. (wills, insurance policies, property deeds, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	I have discussed my final wishes with appropriate family members
<input type="checkbox"/>	<input type="checkbox"/>	I have reviewed my insurance coverage (life, disability, long term care, auto, home, liability) and have or will make changes to fill in any gaps.