

TOPICS FOR REVIEW

Client Name: _____

Date: _____

This form tries to keep track of some of your current needs, wants, wishes, and requests for information. Should any changes occur after the time this is signed, it is your responsibility to contact your Financial Advisor and inform him/her of the new or changed circumstances.

Comprehensive Financial Planning. I'm already covered _____ I declined _____ I would like to discuss _____

Long Term Care. I'm already covered _____ I declined _____ I would like to discuss _____

Trust and estate planning with an attorney. I'm already covered _____ I declined _____ I would like to discuss _____

Advanced healthcare directive/medical power of attorney. I'm already covered _____ I declined _____ I would like to discuss _____

Special Needs Trust and planning with an attorney. I'm already covered _____ I declined _____ I would like to discuss _____

Depleting assets and outliving your money. I'm already covered _____ I declined _____ I would like to discuss _____

Asset Protection from possible lawsuit. I'm already covered _____ I declined _____ I would like to discuss _____

Life insurance. I'm already covered _____ I declined _____ I would like to discuss _____

Disability insurance. I'm already covered _____ I declined _____ I would like to discuss _____

Digital Assets and internet accessibility. I'm already covered _____ I declined _____ I would like to discuss _____

Client Signature: _____ **Date:** _____

Financial Advisor Signature: _____ **Date:** _____