

HOUSEHOLD NAME:

DATE:

What is the household's plan to deal with the following events?

The following is a list of six events that commonly change the course of financial well-being. Indicate whether there is a "plan" in place, or it is time to "modify" or address the current plan.

	PLAN	NO PLAN	MODIFY	DETAILS/NOTES
<p>LIQUIDITY NEEDS Do we have sufficient access to capital? <i>(i.e. Core Living Expenses. Amount desired to "sleep at night")</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>LONG-TERM DISABILITY Can we afford to live on a fraction of our earnings? <i>(i.e. Living Expenses, Lost Retirement Savings, Education Funding, Home Modification)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>LOSS OF LIFE What financial obligations have we made? <i>(i.e. Mortgage, Credit Card, Loans, Final Expenses, Education, Emergency Res., Legacy, Lifetime Income, Transitional Income)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>LONG-TERM CARE Does it make sense to self fund? <i>(i.e. Facility Expenses, In-home Care, Home Modification, Training, Coordination)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>LONGEVITY Do we have enough to fund our long-term spending goals? <i>(i.e. Living Expenses, Education Funding, Medical Expenses, Vacation Home)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>LEGAL, LIABILITY & LEGACIES What is our legacy? <i>(Wills, Trusts, Creditors, Predators, Asset-Protection Concerns, Liability Coverage, Special Needs Dependents)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	