



Wealth Management Resources, Inc.

Your Personal Financial Checkup

Please take a few minutes to complete this form by checking the box that is most appropriate for you. This profile will help build the base of information needed for you to progress to the next step of financial success.

This form is fillable with adobe, please save the file to your computer and open with adobe. On the right side of adobe please click "Fill & Sign" to begin.

Please list your **Top "3" Financial goals** in order of importance:

1. _____.
2. _____.
3. _____.

A Self-Evaluation of how you feel about your present financial situation.

Please check the answer that best describes *your* situation.

GENERAL

I have set specific financial goals and have outlined them in writing. Yes No

I am anticipating or have just experienced a major change in my life.
(i.e., job change, marriage, children, moving, divorce, etc.) Yes No

My spouse's involvement in our financial affairs is important. Yes No I Don't Know

My spouse clearly understands our present financial position. Yes No I Don't Know

Saving and accumulating money regularly is important to me. Yes No

I systematically save money for investment opportunities. Yes No

I am satisfied with my present savings program. Yes No

My existing investments are best suited to meet my financial goals. Yes No

I maintain a current list of assets & liabilities and update it each year. Yes No

I know where my money is spent, I am a good money manager. Yes No

My spouse's income is required to meet our monthly obligations Yes No I Don't Know

TAXES

I feel like too much of my hard earned money is going to pay taxes. Yes No

I pay a lot of income taxes annually because of my savings portfolio. Yes No I Don't Know

I am using all of the tax reduction techniques that I am legally entitled to use to reduce my taxes. Yes No I Don't Know

INVESTMENTS

I have investment assets in excess of \$100,000. Yes No I Don't Know

My investment portfolio allocation has been matched to my risk tolerance level. Yes No I Don't Know

My investment portfolio is diversified enough to avoid or reduce investment risk. Yes No I Don't Know

I know that my investments will meet my future income and objective funding requirements. Yes No I Don't Know

I anticipate a rollover of an IRA or company pension plan lump sum distribution in the near future. Yes No I Don't Know

I am satisfied with my current investment portfolio. Yes No I Don't Know

I currently work with a good independent investment advisor? Yes No

I need help in developing a diversified investment portfolio that will meet my risk tolerance and growth objectives. Yes No

I think that I would benefit from a system of professional portfolio management. Yes No

RETIREMENT PLANNING

I have projected my retirement income needs and sources for my life expectancy. Yes No

I understand what my expected social security benefits are and when they will be received. Yes No I don't know

I am fully aware of the impact that inflation will have on my Yes No I don't know

future retirement needs.

My employer provides an adequate pension plan.

Yes No I don't know

My spouse is covered by a pension plan.

Yes No I don't know

I know when I can retire successfully.

Yes No I don't know

I maximize my retirement savings tax deferral allowance each year.

Yes No I don't know

I require assistance in organizing my retirement planning to insure a successful retirement.

Yes No

EMPLOYEE BENEFITS

I clearly understand the value of my employee benefits and when My family and I become eligible to receive them.

Yes No

I would like to know more about my employee benefits and if they are adequate or if they can be improved upon.

Yes No

RISK MANAGEMENT

I know I have enough life insurance to keep my family in "their own world" when I die.

Yes No I don't know

My spouse has enough life insurance to provide for me and our children after his/her death.

Yes No I don't know

Have I had an independent review and analysis of my Insurance needs?

Yes No When: _____.

My beneficiary designations are up to date and coordinated with My wills and trusts.

Yes No I don't know

I have insured my "income" should I become disabled through Sickness or accident.

Yes No I don't know

My employer provides an adequate long term disability plan for me.

Yes No I don't know

I understand what benefits my disability policy would provide.

Yes No

In the event of a prolonged disability, I know how long I could survive On my present savings and how my obligations will be paid.

Yes No I don't know

I have adequate medical care coverage for myself and my family in the event of sickness or hospitalization.

Yes No I don't know

Am I a smoker?

Yes No

Have I considered a Long Term Care plan to cover an extended stay in a nursing care facility for myself or a loved one? Yes No

I would like assistance in reviewing my present risk management program to determine its adequacy. Yes No

EDUCATION FUNDING

Do I have enough money aside for my children's education? Yes No I don't know

Is the money set aside for this purpose registered in the appropriate name? Yes No I don't know

Do I know what the future cost of my children's education will be? Yes No

Have I developed a strategy to meet this goal? Yes No

ESTATE PLANNING & ORGANIZATION

I am well informed about estate planning. Yes No

I have a current will which was review within the past 3 years
To take advantage of current estate tax laws. Yes No I don't know

I have established guardians for my children's executor. Yes No I don't know

My spouse has a valid and up to date will. Yes No I don't know

My spouse has a full understand of our estate plan and what He/she should do in my absence. Yes No I don't know

I have a current list of my important documents and their location. Yes No

I know what sources of income my family will have after my death. Yes No I don't know

My asset ownership is consistent with my estate plan. Yes No I don't know

I have made specific plans for asset distribution upon my death. Yes No I don't know

I know the size of my taxable estate. Yes No

I have arranged my life insurance so that it will not be taxed in my estate. Yes No I don't know

My IRA and retirement plan beneficiary designations have been coordinated with my will or trust. Yes No I don't know

I have trusts that provide for my children. Yes No

I have made gifts to my children. Yes No

My (our) parents have made gifts of cash or property to our family. Yes No

I expect to receive a fairly substantial inheritance some time in the future.

Yes No I don't know

I own an interest in a business or partnership.

Yes No

I have created both financial and health care powers of attorney.

Yes No I don't know

I require assistance in organizing my estate and creating an Effective estate plan.

Yes No

Other concerns: [Click here to enter text.](#)

What do I expect as a result of us working together?

- Review of current financial positions (assets, liabilities, etc.)
- Review of insurance needs & income analysis (life, disability)
- Review of education funding requirements for children.
- Review of retirement plan and projection of sources and uses.
- Review of investment portfolio and proper asset allocations.
- Review of estate organizations (wills, trusts, tax reductions)
- Review of business planning strategies.

Additional comments or major concerns. _____

GENERAL INFORMATION

All information will be kept strictly confidential

Name: _____.

Preferred email address: _____.

Phone: _____.

Spouse's Name: _____.

Preferred email address: _____.

Please save this form to your computer and email to **advisors@wealthmanagers.com**

BASED ON YOUR RESPONSES TO THE ABOVE QUESTIONS, WE CAN NOW BEGIN TO DISCUSS YOUR PLANS FOR YOUR FUTURE FINANCIAL SECURITY AND FOCUS ON AREAS THAT ARE MOST IMPORANT TO YOU.