



Renewal Meeting Questionnaire

Please take a few minutes to complete this form and return it approximately one week prior to your meeting. You can return it to us via fax at (714) 464-4481 or in the envelope provided.

Date: _____

Name: _____ Employer Name (if changed): _____

IF CHANGED: Home Address: _____ Home #: (____) _____

Bus #: (____) _____ Fax #: (____) _____ Cell #: (____) _____

E-mail: _____

1. What are your most important financial concerns at this time? _____

2. What are your most important *non*-financial concerns at this time? _____

3. Have any lifestyle changes taken place that we should know about? (new home, new child, new grandchild, deaths, illness, etc.) _____

4. What changes do you expect in the future, or have already occurred, in your finances that you wish to plan for? (bonus, inheritance, job change, family obligations, benefits at work, etc.) _____

5. Have there been any changes in your income? _____

Itemize sources: _____

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6. Any changes in your goals/concerns regarding passing assets to children or others? _____

7. Is there anything else we need to talk about? Any "special" situations you are responsible for? _____

8. Since we last met have you made any changes to your estate plan or your insurance coverage? If so please explain: _____

9. What areas would you like to discuss:

- | | |
|---|---|
| <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Education Funding | <input type="checkbox"/> Other Insurance |
| <input type="checkbox"/> Income Management | <input type="checkbox"/> Tax Planning/Business Planning |
| <input type="checkbox"/> Goals Funding | <input type="checkbox"/> Long Term Care Issues |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Benefits at Work |
| <input type="checkbox"/> Legacy Planning, Wealth Preservation
and Transfer | <input type="checkbox"/> Other _____ |

10. How are you doing in terms of managing your spending and/or saving in light of your personal goals and values? _____

11. Have you made or received financial gifts in the past year? (529 plans, family gifts, etc.) _____

12. What would be the most important thing that you would like to accomplish over the next 12 months? _____
