



Client Name \_\_\_\_\_

Date \_\_\_\_\_

**Directions:** The statements below will help you to think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement.

## I am satisfied...

	Not Satisfied 1	2	Moderately Satisfied 3	4	Very Satisfied 5
1...with my ability to meet my financial obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...with the income my current job or career provides me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...with my spending habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...with the level of debt I carry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5...with the "extras" that I am able to buy for myself and/or loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6...with the level and quality of insurance protection I currently have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...with the amount of money that I save and invest on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...with my current investment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9...that I am on track to build a sufficient retirement nest egg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...with the level of employee benefits I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...with my style of personal bookkeeping and financial record management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...with my ability to provide financial help to family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13...with my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14...with my level of charitable giving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15...with the level of financial education I have attained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16...with how I respond emotionally to my personal finance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17...with my ability to communicate about my financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18...with the feelings I have about my money life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19...that financial issues do not cause stress or strain in the relationships that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20...with the working relationships I have with my financial service providers (i.e., insurance agent, banker, broker, financial planner, accountant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Directions:** In each section, select the transitions that you are currently experiencing and those you are likely to experience in the future. In addition, check transitions in the short to mid-term and long-term columns that you either hope to experience or anticipate with concern.

## Work Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Change in career path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 New job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Job restructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Education / retraining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Sell or close business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Transfer family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Gain a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Lose a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Downshift / simplify work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sabbatical / leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Start or purchase a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Phase into retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 C H Y f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Financial Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Sell a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Relocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Purchase a vacation home / timeshare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Re-evaluate investment philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Experience investment gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Experience investment loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Debt concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Consider investment opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Receive inheritance or financial windfall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Sell assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 C H Y f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Change in marital status (marriage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Change in marital status (divorce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Change in marital status (widowhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Expecting or adopting a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Hire child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Child entering adolescence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Child with special needs (Disabilities, medical/dental problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Child w/pre-college expenses (private school, tutor, lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Child going to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Child getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Empty nest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Family special event (Bat/Bar Mitzvah, anniversary party, trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Helping and/or gifting grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Concern about aging parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Concern about health of spouse/partner or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Family member needs caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Concern about personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Provide for long-term care (parent, spouse/partner, or self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disability / hospitalization (self or family member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 C.H.Y.f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legacy Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Increase charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Give special financial gifts to children/grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Give parental pension (monthly stipend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Develop an estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Change estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Develop an end of life plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Notes



Putting Money  
in the Context of Life™

Client Name \_\_\_\_\_

Date \_\_\_\_\_

**Directions:** Please provide the following information about your current financial life.

1. Describe your current household.

2. Name those individuals who will be affected by the financial decisions you make.

3. What is the most important benefit that your money gives you today?

4. What are some of the factors or circumstances in your life that could affect your financial plan?

5. What would you do differently if you "had the money" (if money was not a limiting factor)?

6. Are there any investments that you would like to avoid as a matter of principle?

7. When making financial decisions, who or what are your main sources of financial information?