

Financial & Estate Planning Check List

Client's Name				Spouse's Name		
<i>Planning Area</i>	<i>Date Discussed</i>	<i>Date Scheduled</i>	<i>Date Completed</i>	<i>Date To Review</i>	<i>Not Interested</i>	
Will						
Power of Attorney						
Life Needs						
Disability Needs						
Long-term Care						
Critical Illness Needs						
Education Planning						
Retirement Planning						
Investment Planning						
Creditor Protected Investments						
Estate Planning						

Client's Signature

Spouse's Signature