

# Annual Review Checklist

Prepared for: \_\_\_\_\_

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## Provided by:

Date:

A positive answer to any of these questions may indicate a need to revise your planning. Please check the statements you agree with.

## **Last Will and Testament**

I would like to make a specific bequest to an individual not currently included in my Will.

I would like to delete a specific bequest to an individual currently included in my Will.

An intended heir mentioned in my Will has died within the past year.

I would like to change the amount of one or more of the bequests I have made under my Will.

# **Change of Residence**

I have moved during the past year.

I have increased the amount of my mortgage during the past year.

I have moved from a common law state to a community property state during the past year.

I have moved from a community property state to a common law state during the past year.

### **Wealth Variations**

The value of my home has increased over the past year.

The value of my home has decreased over the past year.

The value of my overall estate has increased more than 10% during the past year.

Either I, or my spouse, have received an inheritance during the past year.

Either I, or my spouse, have received a legal settlement during the past year.

# **Family Status**

A member of our family has married during the past year.

A member of our family has separated or divorced since our last review.

A member of our family has died since our last review.

A child (grandchild) has been born into our family during the last year.

A child (grandchild) has been adopted into our family during the past year.

#### Health

My health has substantially deteriorated during the past year.

The health of my spouse has substantially deteriorated during the past year.

The health of one of my children has substantially deteriorated during the past year.

The health of one of my parents (spouse's parents) has substantially deteriorated during the past year.

A dependent has been seriously injured or handicapped since our last review.

# **Employment and Business Interests**

My employment situation has significantly changed during the last year.

I have established a new business during the past year.

I have entered into a buy-sell agreement during the past year.

The retirement program offered at my place of employment has been changed since our last review.

#### **Life Insurance and Annuities**

My group insurance benefits have been changed during the past year.

I would like to change the beneficiary designation on an existing life insurance policy.

I would like to transfer the ownership of a life insurance policy.

I feel I need additional insurance.

I would like to learn more about the new types of life insurance policies being offered and how they might fit into my plans.

I would like to change the beneficiary designation on an existing annuity.

I would like information about annuities.

### Retirement

I would like to start my own individualized private retirement program.

My IRA is funded with certificates of deposit. I would like information on alternative investments.

My spouse and I are concerned about the reduction in Social Security benefits at the first death.

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#### **Asset Protection**

I am uncertain about what benefits I can expect from Medicare.

I am concerned about the costs of long-term care if I should become ill during my retirement years.

### **Charitable Gifts**

I would like to set up a gift-giving program to a charity.

I would like to name a charitable beneficiary in my Will or life insurance policy.

# **Family Gifts**

I would like to establish a gift-giving program for my adult children (grandchildren).

#### **Gifts for Minors**

I would like to make annual tax-free gifts to a minor child or grandchild.

I would like to establish a substantial fund for a child or grandchild who is a minor.

# **Guardian, Executor and Trustee Designations**

I would like to name (or change) a guardian to act on behalf of my children (grandchildren).

I would like to name (or change) a trustee.

I would like to name (or change) the executor of my last will and testament.

#### Other Reasons

I would like to review my planning for the following reasons:		

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# **Important Information**

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, neither VSA, L.P. nor The National Underwriter Company is engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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