
Annual Review Planner

Prepared for: _____

Prepared by: _____

Date: _____

Please complete the following checklist and return it to me by _____. Your comments will help me determine how I can best be of service to you during our upcoming meeting. Please be assured the information will be kept in strictest confidence and added to your file.

Since the last review of my financial security program I have:

- _____ Changed my residence or business mailing address.
- _____ Changed jobs.
- _____ Changed my will.
- _____ Changed my marital status.
- _____ Experienced a change in my family (increase/decrease).
- _____ Entered into a new business.
- _____ Acquired additional life insurance (group/other).
- _____ Acquired additional disability insurance/medical insurance/equity investments.

I would like more information on:

- _____ Tax savings available by use of a tax-qualified retirement plan.
- _____ Increased protection for my family.
- _____ Converting term insurance or term rider to permanent coverage.
- _____ Insurance for children (grandchildren).
- _____ Guaranteeing college education funds for my children (grandchildren).
- _____ Insurance for my spouse.
- _____ Disability income insurance.
- _____ Group insurance.
- _____ Pension plan.
- _____ Key person insurance.
- _____ Business buy and sell agreements.
- _____ Leaving funds to charity.

Thank you. I have enclosed a return envelope for your convenience.

NOTES:
