

Priority Planning Review

A Brief Overview of Your Financial Plans and Priorities

Independent life and health insurance | Licensed in NY, NJ and CT

PREPARED FOR

DATE COMPLETED

How to complete this form

- 1 Print this form and complete it by hand in blue or black ink. Check the box or circle that fits, and write in the lines.
- 2 Estimates and ranges are fine. If you are unsure about something, skip it and we will talk it through together.
- 3 Return it at our meeting, mail it to the address at right, or scan or photograph it and email it to sadlerhayes@gmail.com.
- 4 Keep a copy for your own records.

PROVIDED BY

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For your security

Please do not write Social Security numbers, account numbers or passwords anywhere on this form. Email is not a secure channel, so consider returning it in person or by mail. The financial questions use ranges only.

Charitable gift planning is offered through Think LegacyLife | thinklegacylife.com

Questions? Book a time: calendly.com/sadlerhayes/book-a-time-with-sadler

Personal Information

FULL NAME		AGE	BIRTHDATE (MM/DD/YYYY)	DATE
_____		_____	_____	_____
HOME PHONE	CELL PHONE	PERSONAL EMAIL		
_____	_____	_____		
HOME ADDRESS		CITY, STATE, ZIP		
_____		_____		
OWN / RENT	EMPLOYER	POSITION		
☐ Own ☐ Rent	_____	_____		
BUSINESS ADDRESS	BUSINESS PHONE	BUSINESS EMAIL		
_____	_____	_____		

If Married or Partnered

SPOUSE'S / PARTNER'S NAME		AGE	BIRTHDATE (MM/DD/YYYY)
_____		_____	_____
EMPLOYER	POSITION		
_____	_____		
CELL PHONE	EMAIL		
_____	_____		

Children and Grandchildren

NAME	AGE	SEX	RELATIONSHIP
_____	_____	☐ Female ☐ Male	☐ Child ☐ Grandchild
_____	_____	☐ Female ☐ Male	☐ Child ☐ Grandchild
_____	_____	☐ Female ☐ Male	☐ Child ☐ Grandchild
_____	_____	☐ Female ☐ Male	☐ Child ☐ Grandchild

Staying in Touch

BEST WAY TO REACH ME	BEST TIME TO REACH ME	HOW DID YOU HEAR ABOUT US?
☐ Cell ☐ Home ☐ Email ☐ Text	_____	_____

Personal Planning Profile

Please mark the answer that reflects your current planning.

Statement	Yes	No	Not sure
I know the income my family would receive from my estate assets	☐	☐	☐
I have a current will that matches my wishes	☐	☐	☐
My executor is familiar with my estate plan	☐	☐	☐
A guardian has been named for my minor children	☐	☐	☐
I have reviewed my life insurance in the last two years	☐	☐	☐
I participate in a tax-favored retirement plan	☐	☐	☐
I understand how inflation affects my retirement plan	☐	☐	☐
I maximize my annual tax-favored plan contributions	☐	☐	☐
I am satisfied with my current investment returns	☐	☐	☐
I save on a weekly or monthly basis	☐	☐	☐
My income is protected if I am sick or hurt and cannot work	☐	☐	☐
I am covered for health care costs, including long-term care	☐	☐	☐
I understand my Social Security benefits and have checked them	☐	☐	☐

Financial Statement

Ranges only, please. Check the one that best reflects your situation. Leave blank anything that does not apply.

Your annual income

- ☐ Less than \$50,000
☐ \$50,000 - \$100,000
☐ \$100,000 - \$250,000
☐ More than \$250,000

Spouse's / partner's annual income

- ☐ Less than \$50,000
☐ \$50,000 - \$100,000
☐ \$100,000 - \$250,000
☐ More than \$250,000

Total assets (excluding home)

- ☐ Less than \$50,000
☐ \$50,000 - \$150,000
☐ \$150,000 - \$250,000
☐ \$250,000 - \$500,000
☐ \$500,000 - \$1,000,000
☐ More than \$1,000,000

Total liabilities (excluding mortgage)

- ☐ Less than \$25,000
☐ \$25,000 - \$75,000
☐ \$75,000 - \$150,000
☐ \$150,000 - \$250,000
☐ \$250,000 - \$500,000
☐ More than \$500,000

Financial Statement (continued)

Approximate value of home

- ☐ Less than \$250,000
- ☐ \$250,000 - \$500,000
- ☐ \$500,000 - \$750,000
- ☐ \$750,000 - \$1,000,000
- ☐ More than \$1,000,000

Your total life insurance

- ☐ None
- ☐ Less than \$50,000
- ☐ \$50,000 - \$150,000
- ☐ \$150,000 - \$500,000
- ☐ More than \$500,000

Current savings and investments (check all that apply)

- ☐ Savings / CDs
- ☐ Mutual funds
- ☐ Bonds
- ☐ Tax-deferred annuity
- ☐ 401(k) / 403(b) deferral
- OTHER _____

Home mortgage balance

- ☐ None
- ☐ Less than \$100,000
- ☐ \$100,000 - \$250,000
- ☐ \$250,000 - \$500,000
- ☐ More than \$500,000

Spouse's / partner's total life insurance

- ☐ None
- ☐ Less than \$50,000
- ☐ \$50,000 - \$150,000
- ☐ \$150,000 - \$500,000
- ☐ More than \$500,000

- ☐ Money market fund
- ☐ Stocks
- ☐ Life insurance cash value
- ☐ IRA / SEP
- ☐ Pension / profit sharing

Financial Planning Priorities

How important is each of the following to you?

Priority	High	Medium	Low	N/A
Planning for my retirement	☐	☐	☐	☐
Protecting my family's lifestyle if I die	☐	☐	☐	☐
Saving and investing on a regular basis	☐	☐	☐	☐
Funding my children's education	☐	☐	☐	☐
Protecting my income if sick or injured	☐	☐	☐	☐
Paying off my mortgage and debts if I die	☐	☐	☐	☐
Protecting against long-term care costs	☐	☐	☐	☐
Investing in tax-favored plans	☐	☐	☐	☐
Low-risk investments	☐	☐	☐	☐
Investments with high growth potential	☐	☐	☐	☐
Having an overall financial plan	☐	☐	☐	☐
Involving my spouse in our financial planning	☐	☐	☐	☐

Current Priorities

Please check everything you would like to discuss.

- | | |
|--|--|
| ☐ A financial analysis | ☐ Planning for retirement |
| ☐ Protecting my family's lifestyle | ☐ Paying estate taxes |
| ☐ Mortgage protection coverage | ☐ Insurance on myself |
| ☐ Insurance on my spouse | ☐ Insurance on children / grandchildren |
| ☐ Converting temporary insurance | ☐ Tax-favored investments / annuities |
| ☐ Protecting my income if sick or injured | ☐ Long-term care planning |
| ☐ Charitable giving / legacy planning | ☐ A systematic savings plan |
| ☐ Review of my existing policies | ☐ Health insurance options |

OTHER

Future Plans

Check anything that may apply within the next two years.

- | | | |
|---|--|---|
| ☐ New home | ☐ Change job | ☐ Start a business |
| ☐ Sell a business | ☐ Retirement | ☐ Marriage |
| ☐ Children / grandchildren | ☐ Inheritance | ☐ Bonus |
| ☐ Salary increase | ☐ Pay off loans | ☐ Save more |
| ☐ Charitable gifts | ☐ Sell property | ☐ Stop smoking |
| ☐ Lose weight | | |

OTHER

Business Owners Only

If you own a business, check any items of interest or concern.

- | | |
|---|--|
| ☐ I am a business owner | |
| ☐ Business continuation planning | ☐ Buy / sell agreement |
| ☐ Key employee insurance | ☐ Disability income |
| ☐ Qualified retirement plans (401(k), SEP, etc.) | ☐ Nonqualified retirement plans |
| ☐ Executive bonus plans | ☐ Group insurance for employees |
| ☐ Business overhead expense protection | ☐ Business loan insurance |

BUSINESS NAME

NUMBER OF EMPLOYEES

OTHER

Introductions

Others who might benefit from a Priority Planning Review: neighbors, co-workers, business owners, family.

NAME	PHONE OR EMAIL	RELATIONSHIP

Notes or Questions for Our Meeting

Thank you for completing the Priority Planning Review.
Return it at our meeting, by mail, or scan it and email it to sadlerhayes@gmail.com.

This questionnaire is a planning aid for our discussion. It is not legal, tax, accounting or investment advice. Information you provide will be used to prepare for our conversation.