

Name:

Date:

GPM REVIEW QUESTIONNAIRE

Please answer the following and send or email back to our office before your account review. Feel free to make notes or write any follow-up questions next to your answers.

Changes to Financial Goals: Are your assets working toward an achievable/measurable outcome?

1. Have you identified any additional financial goals other than the goals we outlined in our initial meeting?

- a. Long Term? If yes please note:
- b. Short Term? If yes please note:
- 2. What specific progress has been made towards your financial goals?
 - a. Long Term? *If yes please note:*
 - b. Short Term? *If yes please note:*

Changes to Family Situation: Do you need to adjust your plan based on a change in family situation?

- 1. Did you or your spouse change jobs during the last year?
- 2. Did you or your spouse retire during the last year?
- 3. Did you or your spouse reach age 59 1/2, Full Retirement Age or 70 1/2?
- 4. Did you add any new family members during the last year?
- 5. Do you have children that will start college in the next year?

Changes to Assets and Liabilities: Did you acquire or sell property that changed cash flow?

- 1. Did you acquire any new assets during the last year?
- 2. Did you sell any existing assets during the last year?
- 3. Did you incur any new liabilities during the last year?
- 4. Did you eliminate any existing liabilities during the last year?

Changes to Employment Benefits: Please bring your most recent statement to the appointment. Are you taking full advantage of your plan? Do you have pre and post-tax options? An HSA?

- 1. Did you or your spouse's company designate a new 401(K) provider during the last year?
- 2. Did you or your spouse's company alter employee insurance benefits during the last year?
- 3. Did you or your spouse's annual employment income increase/decrease during the last year?

4. Did you or your spouse increase/decrease contributions to an employer-sponsored plan during the last year?

Changes to Risk Management

- 1. Did you acquire or eliminate any insurance coverage during the year?
- 2. Did you acquire or eliminate any Long-Term Care coverage during the year?

Are there circumstances, not mentioned above, that have changed your financial situation?

Any other items you would like to discuss at your appointment?

Kiel VanderVeen, CFP® Cole Sharp, CFP® bpfinancialplanning.com · 402-873-0530 1720 South 11th Street Nebraska City, NE 68410

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