

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?

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