

Name:
Date:
Date of Appointment:

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? Yes / No
 - 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? Yes / No
2. Did you or your spouse retire during the last year? Yes / No
3. Did you or your spouse reach age 59 1/2, Full Retirement Age or 70 1/2? Yes / No
4. Did you add any new family members during the last year? Yes / No
5. Do you have children that will start college in the next year? Yes / No

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? Yes / No
2. Did you sell any existing assets during the last year? Yes / No
3. Did you incur any new liabilities during the last year? Yes / No
4. Did you eliminate any existing liabilities during the last year? Yes / No

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? Yes / No
2. Did you or your spouse's company alter employee insurance benefits during the last year? Yes / No
3. Did you or your spouse's annual employment income increase/decrease during the last year? Yes / No
4. Did you or your spouse increase/decrease contributions to an employer-sponsored plan during the last year? Yes / No

Changes to Risk Management

1. Did you acquire or eliminate any insurance coverage during the year? Yes / No
2. Did you acquire or eliminate any Long-Term Care coverage during the year? Yes / No

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

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

BluePrint Financial Planning

bpfinancialplanning.com

402-873-0530 · 1720 S 11TH ST · NEBRASKA CITY, NE 68410

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