Checklist for Comprehensive Plan Submission

1. Client data – a narrative or list with client information must include:
	* + Name ❑ Address ❑ Employer  How long on job
		+ Birth date(s) ❑ Marital status ❑ Date of marriage ❑ Children
		+ Bankruptcy?  Law suits? ❑ Citizenship❑ Anything else pertinent

❑ Adequate ❑ Inadequate

1. Written client goals and objectives.

❑ Adequate ❑ Inadequate

1. Assumptions used in the plan must include:

❑ Inflation rates ❑ Mortality ❑ Rates of return (net of fees)

❑ College inflation ❑ Medical inflation ❑ Social security inflation

❑ Salary increases ❑ Emergency fund ❑ College years per child

❑ Residence growth rate ❑ Retirement distribution rate

❑ Adequate ❑ Inadequate

1. A net worth statement – one page list of assets and liabilities by account, by owner, by tax deferred vs. taxable.

❑ Adequate ❑ Inadequate

1. Recommendations, observations, and findings made with respect to assets and liabilities on the net worth statement.

❑ Adequate ❑ Inadequate

1. A detailed current cash flow for the client. Income sources must be broken out by person and indicate whether earned, unearned, or other. Expenses must minimally include fixed, discretionary, taxes and savings.

❑ Adequate ❑ Inadequate

1. Recommendations, observations, and findings made with respect to current cash flow.

❑ Adequate ❑ Inadequate

1. Last year’s actual tax worksheet and projections for current year and future years as applicable. Projections should include AMT calculations.

❑ Adequate ❑ Inadequate

1. Recommendations, observations, and findings made with respect to income taxes.

❑ Adequate ❑ Inadequate

1. Detailed analysis of insurance coverage for the client.

**Life** **Medical** **Disability**

* + - Named insured ❑ Named insured ❑ Named insured
		- Owned by ❑ Company ❑ Company
		- Company ❑ Plan type ❑ Personal or group
		- Beneficiary ❑ Deductible ❑ Pre-tax or after tax
		- Contingent beneficiary ❑ Premium ❑ Monthly benefit
		- Policy type ❑ Personal or group ❑ Definition of disability
		- Death benefit ❑ Co-pay ❑ Cost of living adjustment
		- Premium ❑ Who is covered? ❑ Elimination period
		- Face value ❑ Benefit period
		- Cash value ❑ Riders
		- Loan balance

**Long-term Care**

* + - Named insured ❑ **Homeowner’s** declaration page
		- Company ❑ **Automobile** declaration page
		- Benefit period ❑ **Umbrella** declaration page
		- Benefit amount ❑ **Others** as needed
		- Elimination period
		- Home health vs. nursing home
		- COLA

❑ Adequate ❑ Inadequate

1. Recommendations, observations, and findings made with respect to all areas of insurance pertinent to the client’s situation.

❑ Adequate ❑ Inadequate

1. A detailed list of the client’s investment assets in taxable and tax-deferred accounts. Include account name, amount and cost basis for taxable investments (if available).

 ❑ Adequate ❑ Inadequate

1. Recommendations, observations, and findings made with respect to all areas of investment pertinent to the client’s situation. ***Do not include Morningstar style reports.***

❑ Adequate ❑ Inadequate

1. Retirement/financial independence projection(s) for one or more scenarios as required.

❑ Adequate ❑ Inadequate

1. Recommendations, observations, and findings made with respect to retirement/financial independence.

❑ Adequate ❑ Inadequate

1. A detailed description of the current estate plan.

❑ Adequate ❑ Inadequate

1. Recommendations, observations, and findings made with respect to estate planning.
	* + Will ❑ Power of attorney
		+ Living will ❑ Titling and beneficiary for all accounts
		+ Health care proxy

❑ Adequate ❑ Inadequate

1. Planner concerns regarding items not recognized by client.

❑ Adequate ❑ Inadequate ❑ Not Applicable

1. Any other goals and objectives raised by the client with recommendations as necessary.

❑ Adequate ❑ Inadequate ❑ Not Applicable

1. An implementation checklist or plan. Although not required, we believe clients are best served by a one to two page action plan.

 ❑ Adequate ❑ Inadequate