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| Annual review checklist |

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| --- | --- | --- | --- |
| Name: |  | Policy number: |  |
| Need help achieving your financial goals? **That’s why I’m here.** Let’s connect to make sure you’re on track. Please let me know what’s changed since we last spoke, as well as topics you’d like to discuss. | | | |

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| **Since our last review, I’ve:**  Changed jobs  Changed address  Changed beneficiaries  Changed/made out a will  Entered a new business/occupation  Acquired group insurance  Had/adopted a child or am expecting to  Assumed new debt/had a mortgage increase  Eliminated debt  Quit smoking  Changed marital status  Experienced a health change  Changed number of dependents | | | **I’d like to discuss:**  General coverage review  My life insurance policies  Life insurance strategies  Disability income insurance  Health insurance  Long-term care insurance  Child/spouse insurance  My investments  Mutual funds  Retirement income  IRAs (Traditional and Roth)/IRA rollover  Pensions  Estate planning |
| Other |  |  | College education funding |
|  |  |  | UTMA/UGMA |
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**What’s the best way to connect? I can:**

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| --- | --- | --- | --- | --- | --- | --- |
| Call you to discuss over the phone or set up a time to meet | | | | | | |
| Phone number: |  | | | Best time to call: | |  |
| Email you to schedule a meeting time | | | Email address: | |  | |
| Other comments or questions: | |  | | | | |
| Please return this form to the address below or email it to me at <email address>. Thank you. | | | | | | |

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|  |  | <First name> <Last name>  <Designations>  <Title 1>  <Title 2>  <Title 3> | Optional :<Title> <DBA company name>  <Address 1>  <Address 2>  <City>, <State> <ZIP>  <Phone>  <Email>  <Website>  <California license number> |