Annual Review Checklist

For faster receipt, please fax or email.

Client: ______________________ Telephone: ______________________

Fax: ______________________

Email: ______________________

Please review this outline, checking items where applicable, so we can keep your file up to date and bring any ideas or planning techniques to your attention that may have an impact on your financial future.

SECTION 1–Since our last discussion, the following changes have occurred:

- ☐ Purchased a new home
- ☐ Started a new business
- ☐ Taken on an associate
- ☐ Received a Promotion
- ☐ Started a new job
- ☐ Changed marital status
- ☐ Drafted a new will
- ☐ Established a trust
- ☐ New group insurance
- ☐ New personal insurance
- ☐ New business insurance
- ☐ Children/Grandchildren

SECTION 2–I am interest in discussing:

- ☐ Reviewing my present insurance program
- ☐ Additional life insurance
- ☐ Disability income protection
- ☐ Life insurance for my spouse
- ☐ Life insurance for my children
- ☐ Term insurance
- ☐ Converting term insurance
- ☐ Individual health insurance
- ☐ Long term care insurance
- ☐ Mortgage insurance
- ☐ Group health insurance
- ☐ Group dental insurance
- ☐ Group life insurance
- ☐ Key person insurance
- ☐ Buy/sell funding
- ☐ New-qualified plans
- ☐ Pension, 401(K), Keogh, SERP
- ☐ IRA's and IRA rollovers
- ☐ Roth IRA's
- ☐ Financial planning
- ☐ Retirement planning
- ☐ Estate planning
- ☐ Business succession planning
- ☐ Joint life insurance
- ☐ College savings plan
- ☐ Annuities
- ☐ Mutual funds
- ☐ Systematic savings plans
- ☐ Other investments
- ☐ Property/Casualty insurance
- ☐ Homeowners/ Automobile insurance

Please list any changes or comments below:

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Name(s) and age(s) for insurance quote: ______________________________

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- ☐ Please have Dana call me
- ☐ Please send me information in the mail

Thank you for your response!

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Mesirow Financial®