

Client Update Worksheet

Please do not assume that we have up-to-date contact information. Please complete all sections. This will help us ensure that you receive timely notifications and announcements in the future.

Your Name:

Street Address:

City, State, Zip:

Best Phone # for You:

Best Email for You:

Spouse's Name:

Best Phone # for Spouse:

Best Email for Spouse:

Section 1: Have Your Goals or Needs Changed?

Please help us understand if any of your goals or needs may have changed after you completed your original planning with our office by checking any applicable boxes below.

Health, Lifestyle, or Goals Changes:

- ☐ I (or my spouse) has been diagnosed with a terminal or debilitating illness.
- ☐ I (or my spouse) have a special health concern that may result in the need for caregiving assistance in the future (e.g., stroke, cognitive impairment, Alzheimer's disease, dementia, Parkinson's disease, multiple sclerosis, etc.).
- ☐ I (or my spouse) have become disabled and am/is collecting disability benefits.
- ☐ I (or my spouse) am/is 50 years of age or older and we do not have long-term care planning and would like to explore long-term care options further.
- ☐ I have purchased additional real estate such as a vacation home or rental home.
- ☐ I have started a business.
- ☐ I would like to discuss options for protecting my assets from future potential lawsuits or creditors.
- ☐ I would like to learn more about Memory Safeguard Planning options for myself or my spouse to protect my quality of life in the event of cognitive impairment.
- ☐ I would like to learn more about Memory Safeguard Planning options for a loved one facing cognitive impairment.

Family Changes:

- ☐ I have gotten married.
- ☐ I am considering getting remarried.
- ☐ I have gotten separated or divorced.
- ☐ I did not have children when I completed my planning and I now have one or more children.
- ☐ I have had one or more grandchildren and would like to add provisions for my grandchild(ren) to my plan.
- ☐ One of my children or grandchildren has been diagnosed as having special needs.
- ☐ One of my beneficiaries has become disabled or has had a significant health diagnosis and I may need to update my plan to ensure that any potential inheritance does not jeopardize my loved one's eligibility for disability benefits, Medicaid, or similar.
- ☐ My aging parent needs to have their planning reviewed/updated.
- ☐ My aging parent has moved in with me and I need to be sure that we're properly managing his/her affairs.
- ☐ My aging parent does not have long-term care planning and I'm concerned about future care options if assistance is needed.

Financial Changes:

- ☐ I have changed employers and my employee benefits have changed.
- ☐ I have changed banks, opened new financial accounts, opened new retirement accounts, added new life insurance policies or annuities.
- ☐ I have inherited a substantial sum or have had a significant windfall.
- ☐ I need assistance with retirement income planning.
- ☐ I (or my spouse) am/is 50 years of age or older and we do not have long-term care planning and would like to explore long-term care options further.
- ☐ The collective total of my retirement accounts (e.g., 401k, 403B, IRA, etc.) is over \$500,000 (or over \$200,000 per potentially beneficiary) and I would like to explore how to leave these accounts to my beneficiaries in a tax-efficient manner that is also protected from future lawsuits, creditors, or divorce.

Please see the "Notes" section at the end of this worksheet if you'd like to provide additional comments regarding any of the boxes you checked above.

Section 2: Life Changes

The following list are examples of common scenarios that may cause some minor updates to your plan to be needed but the underlying design of the plan may not need to change. If any of the following has occurred after you completed your original planning with our office by checking any applicable boxes below.

- ☐ I have a trust-based plan and I never finished retitling my assets to my trust or updating my beneficiary designations.
- ☐ I have a will-based plan and I never finished retitling my assets or updating my beneficiary designations.
- ☐ I have moved. I have a trust-based plan and I'm not sure if my new home is properly titled to my trust.
- ☐ I had minor children when I completed my planning but I have had another child since completing my planning.
- ☐ I have a young adult child that is over the age of 18 and does not own a home or have any dependents. I would like to learn more about a power of attorney and health care directives for my young adult child.
- ☐ I had minor children when I completed my planning but now all of my children are 18+ and I no longer need guardian nominations in my plan and I may want to consider naming my adult children as my power of attorney, health care agent, executor, and/or trustee.
- ☐ I have changed Primary Care Physicians. I would like a copy of my health care documents sent to my new physician. (Please note Primary Care Physician's name and contact information below.)
- ☐ A person named in my planning has legally changed their name. (Please note prior name and new name below.)
- ☐ I have a new financial advisor. His/her name and contact information is:

- ☐ I have a new CPA/tax preparer. His/her name and contact information is:

- ☐ I am maxing out my allowable contributions to pre-tax retirement plans and I would like to learn more about other tax-advantage ways to save for retirement.
- ☐ I have more than \$50,000 in checking, savings, or certificate of deposit (CD) accounts and I would like to learn how I could higher interest rates without market risk and with similar security of an FDIC-insured bank account.

Section 3: Your Other Professionals

Who do you rely on for professional advice?

Financial Advisor Name: _____
Financial Advisor Company Name: _____
Financial Advisor Phone/Email: _____

CPA/Tax Preparer Name: _____
CPA/Tax Preparer Company Name: _____
CPA/Tax Preparer Phone/Email: _____

Insurance Agent Name: _____
Insurance Agent Company Name: _____
Insurance Agent Phone/Email: _____

Concierge Network: How else can we help you?

We are continually added to our Concierge Network of local, vetted professionals and services. Please let us know if we can help you locate a great professional or service provider:

- ☐ I need a referral for a:
- ☐ Financial Advisor
 - ☐ CPA/Tax Preparer
 - ☐ Life Insurance
 - ☐ Long-Term Care Insurance
 - ☐ Health Insurance
 - ☐ Medicare Insurance
 - ☐ Property & Casualty Insurance
 - ☐ Umbrella Insurance
 - ☐ Residential Realtor
 - ☐ Commercial Realtor
 - ☐ Senior Care Coordinator/Health Care Advocate
 - ☐ In-Home Caregiving Services for a Loved One
 - ☐ Law Firm for a legal matter unrelated to CFEP's services
 - ☐ Other: _____

In order to help us make the best referral possible, please provide more detail regarding what you need assistance with or what attributes are important to you:

Section 4: Current Financial Snapshot

The financial information that you originally provided to our office is likely out-of-date.

Please complete the following to the best of your ability.

INCOME	CLIENT: _____	SPOUSE: _____	JOINT
Wages (Annually)	\$	\$	\$
Social Security (Monthly)	\$	\$	\$
Pension (Monthly)	\$	\$	\$
Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$	\$	\$
Other: _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$	\$	\$

ASSETS	CLIENT: _____	SPOUSE: _____	JOINT
Cash, Checking, Savings, CDs, Money Market, etc.	\$	\$	\$
Retirement Accounts (IRAs, 401k, 403b, SEP, etc.)	\$	\$	\$
Brokerage Accounts, Stocks, Bonds	\$	\$	\$
Life Insurance (Cash Value, if any)	\$	\$	\$
Life Insurance (Death Benefit)	\$	\$	\$
Annuities	\$	\$	\$
Home (Est. Market Value)	\$	\$	\$
Other Real Estate: (Est. Market Value) # of properties: _____	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$
Other: _____	\$	\$	\$

