

Life Events Checklist



Please indicate any life events that you have experienced or expect to experience in the near future.

Section I: Personal Events

- | | |
|--|--|
| <input type="checkbox"/> Marriage/remarriage | <input type="checkbox"/> Death of a child/adult child's spouse |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Death of a parent/grandparent |
| <input type="checkbox"/> Death of a spouse | <input type="checkbox"/> Health changes for you or your spouse |
| <input type="checkbox"/> Birth of a child/grandchild | <input type="checkbox"/> Health changes for you or your spouse |
| <input type="checkbox"/> Death of a child/adult child's spouse | <input type="checkbox"/> Address/phone/email changes |

Section II: Household Events

- Child leaves for college
- Empty nest
- Adult child gets married/remarried
- Adult child divorces or separates
- Parent/adult child moves in
- Spouse or parent moves into an assisted care facility

Section III: Job/Career/Business Change

- New job/new career for you or your spouse
- Buying/selling a business
- You or your spouse has been laid off or fired from a job
- Business needs to be sold/failing
- Retirement plan changes

Section IV: Your Home/Assets

- Buying a new home or refinancing an existing home
- Selling your home/moving after retirement
- Buying/selling other property
- Inheritances
- Life insurance benefits
- Trust/will changes
- New insurance needs (health, disability, life, auto)

Section V: Signature

Printed Names

Signature

Date