



## CONFIDENTIAL QUESTIONNAIRE

Thank you for your interest in working with trueNorth. The information you provide on this questionnaire is confidential and is used only to help facilitate the complimentary introductory meeting.

The introductory meeting gives us the opportunity to learn more about you, your financial planning needs, your questions and concerns, and how you would like to work with a trusted advisor. We also want this meeting to provide you with an opportunity to learn about us; what we do, how we work, and the potential benefits of choosing trueNorth as your financial partner. We will answer any questions you may have about our services, our fee structure, and what the experience of working with us will be like. This meeting will help both of us determine whether there is a good fit between your needs and our services.

In 2001, trueNorth was founded on the principle that our clients' interests always come first. Building on this tradition, we are proud to be at the forefront of the pioneering trend of integrating life planning with financial planning. Because of the unpredictability of life and the complexity of financial markets, it is essential to work with a financial advisor who can help you achieve your financial goals. In addition, it is important to select an advisor who truly cares about what is most important to you and understands your needs and values.

This questionnaire includes three worksheets: a brief summary of personal data, a Financial Satisfaction Survey, and a Life Transitions Survey. All three worksheets are quick and easy to complete and will provide us with a snapshot of:

- Your unique situation.
- The level of satisfaction with components of your financial life.
- The life transitions you are experiencing and those you are likely to experience.

This confidential questionnaire can be filled out electronically, or can be printed and completed by hand. The completed version of the questionnaire can be mailed, e-mailed, faxed, or hand carried to our introductory meeting.

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**CONFIDENTIAL QUESTIONNAIRE**  
Date of Completion: \_\_\_\_\_

PERSONAL INFORMATION		
	You	Spouse/Partner
Name		
Birth Date		
Street Address		
City, State, Zip Code		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Preferred Communication		
Occupation		
Employer		
At what age are you planning to retire (if retired, date retired)?		
US Citizen (Yes/No)		
If No, Country of Citizenship		

Children's Names	Children's Birth Dates

FINANCIAL INFORMATION			
ASSETS		LIABILITIES	
Checking, Money Market, CDs		Primary Mortgage	
Taxable Brokerage Accounts		Other Mortgage	
Stock Options		Home Equity Loan	
Restricted Options		Home Equity Line of Credit	
Deferred Compensation Plan		Credit Card Balances	
Employer Retirement Accounts: (401(k)s, 403(b)s, 457s, ESOPs, etc.)		Education Loans	
Personal Retirement Accounts: (IRAs, Roth IRAs, SEP-IRAs, SIMPLEs)		Auto Loans	
College Accounts: (GET Units, 529 plans, etc.)		Business Loans	
Personal Residence		Personal Loans	
Vacation Property		Other Personal Debt	
Investment Real Estate		Other Liability	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
What is your annual income from all sources?			

**QUESTIONS**

In order of importance, what are your three most critical financial issues?

1	
2	
3	

Do you plan to pay for (or a portion of) your children's or grandchildren's college education (Yes/No)?  Yes  No

Please check if you have a/an:

- Attorney  Accountant
- Insurance Agent  Stock Broker

Please check if you have a:

- Will  Living Will
- Durable Power of Attorney  Living Trust
- Health Care Power of Attorney  Irrevocable Trust

Please check if you are:

- Trustee of a Trust
- Beneficiary of a Trust

Please check if you have a/an:

- Homeowner's Policy  Health Insurance Policy
- Personal Automobile Policy  Disability Insurance Policy
- Umbrella Policy  Life Insurance Policy
- Long Term Care Policy

Questions for trueNorth?

1	
2	
3	

How did you hear about trueNorth?

Would you like to receive our quarterly e-mail newsletter?  Yes  No

In accordance with our privacy policy, all information in this worksheet will be kept strictly confidential. In keeping with our policy, if you were referred to trueNorth by one of our clients or another advisor, please check the box if we have your permission to let them know you contacted us for an introductory meeting?

## Financial Satisfaction Survey

Client Name \_\_\_\_\_

Date \_\_\_\_\_

**Directions:** The statements below will help you to think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement.

### I am satisfied...

	Not Satisfied 1	2	Moderately Satisfied 3	4	Very Satisfied 5
1...with my ability to meet my financial obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...with the income my current job or career provides me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...with my spending habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...with the level of debt I carry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5...with the "extras" that I am able to buy for myself and/or loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6...with the level and quality of insurance protection I currently have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...with the amount of money that I save and invest on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...with my current investment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9...that I am on track to build a sufficient retirement nest egg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...with the level of employee benefits I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...with my style of personal bookkeeping and financial record management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...with my ability to provide financial help to family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13...with my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14...with my level of charitable giving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15...with the level of financial education I have attained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16...with how I respond emotionally to my personal finance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17...with my ability to communicate about my financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18...with the feelings I have about my money life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19...that financial issues do not cause stress or strain in the relationships that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20...with the working relationships I have with my financial service providers (i.e., insurance agent, banker, broker, financial planner, accountant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Life Transitions Survey

Client Name \_\_\_\_\_

Date \_\_\_\_\_

**Directions:** In each section, select the transitions that you are currently experiencing and those you are likely to experience in the future. In addition, check transitions in the short to mid-term and long-term columns that you either hope to experience or anticipate with concern.

## Work Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Change in career path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 New job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Job restructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Education / retraining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Sell or close business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Transfer family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Gain a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Lose a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Downshift / simplify work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sabbatical / leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Start or purchase a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Phase into retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Financial Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Sell a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Relocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Purchase a vacation home / timeshare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Re-evaluate investment philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Experience investment gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Experience investment loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Debt concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Consider investment opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Receive inheritance or financial windfall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Sell assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Change in marital status (marriage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Change in marital status (divorce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Change in marital status (widowhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Expecting or adopting a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Hire child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Child entering adolescence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Child with special needs (Disabilities, medical/dental problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Child w/pre-college expenses (private school, tutor, lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Child going to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Child getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Empty nest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Family special event (Bat/Bar Mitzvah, anniversary party, trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Helping and/or gifting grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Concern about aging parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Concern about health of spouse/partner or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Family member needs caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Concern about personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Provide for long-term care (parent, spouse/partner, or self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disability / hospitalization (self or family member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legacy Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Increase charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Give special financial gifts to children/grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Give parental pension (monthly stipend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Develop an estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Change estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Develop an end of life plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Notes

## Financial Satisfaction Survey

Client Name \_\_\_\_\_

Date \_\_\_\_\_

**Directions:** The statements below will help you to think about and assess how satisfied you are with many aspects of your financial life. Select and record your level of satisfaction for each statement.

I am satisfied...	Not Satisfied		Moderately Satisfied		Very Satisfied
	1	2	3	4	5
1...with my ability to meet my financial obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...with the income my current job or career provides me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...with my spending habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...with the level of debt I carry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5...with the "extras" that I am able to buy for myself and/or loved ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6...with the level and quality of insurance protection I currently have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...with the amount of money that I save and invest on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...with my current investment choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9...that I am on track to build a sufficient retirement nest egg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...with the level of employee benefits I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...with my style of personal bookkeeping and financial record management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...with my ability to provide financial help to family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13...with my estate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14...with my level of charitable giving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15...with the level of financial education I have attained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16...with how I respond emotionally to my personal finance issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17...with my ability to communicate about my financial matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18...with the feelings I have about my money life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19...that financial issues do not cause stress or strain in the relationships that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20...with the working relationships I have with my financial service providers (i.e., insurance agent, banker, broker, financial planner, accountant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Life Transitions Survey

Client Name \_\_\_\_\_

Date \_\_\_\_\_

**Directions:** In each section, select the transitions that you are currently experiencing and those you are likely to experience in the future. In addition, check transitions in the short to mid-term and long-term columns that you either hope to experience or anticipate with concern.

## Work Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
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5 Job restructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Education / retraining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Sell or close business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Transfer family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Gain a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Lose a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Downshift / simplify work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Sabbatical / leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Start or purchase a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Retire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Phase into retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Financial Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Sell a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Relocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Purchase a vacation home / timeshare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Re-evaluate investment philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Experience investment gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Experience investment loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Debt concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Consider investment opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Receive inheritance or financial windfall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Sell assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Family Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Change in marital status (marriage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Change in marital status (divorce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Change in marital status (widowhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Expecting or adopting a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Hire child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Child entering adolescence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Child with special needs (Disabilities, medical/dental problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Child w/pre-college expenses (private school, tutor, lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Child going to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Child getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Empty nest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Family special event (Bat/Bar Mitzvah, anniversary party, trip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Helping and/or gifting grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Concern about aging parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Concern about health of spouse/partner or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Family member needs caregiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Concern about personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Provide for long-term care (parent, spouse/partner, or self)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Disability / hospitalization (self or family member)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legacy Life Transitions

	Currently experiencing	Anticipate short to mid-term	Anticipate long-term
1 Increase charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Give special financial gifts to children/grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Give parental pension (monthly stipend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Develop an estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Change estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Develop an end of life plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Notes