

Financial To-Do Checklist

[Help Me](#)

Establish Goals

Savings Goal

How Much Emergency Money Do You Need To Be Comfortable?	
How Much Do You Currently Have In Savings?	-
How Much Are You Adding To Savings Per Month?	+
Estimated Number Of Months To Reach Savings Goal	

I Want
Help

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Retirement

How Much Income Will You Need (In Today's Dollars)?	
When Do You Want To Retire?	
How Many Years Do You Plan To Be Retired?	

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What Have You Been Doing For Retirement Planning And Saving?	
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Do You Feel You Are On The Right Path With Current Savings?	
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What Are You Biggest Priorities For A Successful Retirement?	
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What Worries You The Most About Retirement?	
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Education

How Much Will You Contribute For College Per Year (In Today's Dollars)?	
When Will Your Children Start College?	
How Many Years Of College Do You Plan To Pay For?	

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Do You Feel You Are On The Right Path With Current Savings?	
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What Are Your Educational Goals For Your Children?	
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Do You Expect Any Help From Others Such As Family Or A Scholarship?	
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What Worries You The Most About Your Children's Education?	
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Legacy

How Much Do You Want Or Need To Leave to Your Heirs?	
How Much Do You Currently Have In Assets And Insurance?	-
Legacy Shortfall	

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Do You Feel You Are On The Right Path With Current Preparations?	
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Do You Have Any Goals For How Beneficiaries Inherit Money (Outright Or Controlled By A Trust To Protect From Creditors/Spending)?	
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Major Purchases

How Much Will Your Major Purchase Cost?	
When Do You Plan To Purchase It?	
Will There Be Any Ongoing Carrying Costs? If So, How Much?	

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Do You Feel You Are On The Right Path With Current Savings?	
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How Will Your Life Be Better After Making This Purchase?	
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Job Mobility

Do You Expect A Job Change?	
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How Long Would You Be Between Jobs?	
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Do You Feel You Are On The Right Path To Be Prepared For A Job Change?	<input type="text"/>	<input checked="" type="checkbox"/>
What Is Your Dream Job? What Would It Take For You To Have It?	<input type="text"/>	<input checked="" type="checkbox"/>

Business Funding

How Much Startup Capital Is Needed To Launch?	<input type="text"/>	<input checked="" type="checkbox"/>
When Would You Start?	<input type="text"/>	<input checked="" type="checkbox"/>
How Much Income Replacement Is Needed?	<input type="text"/>	<input checked="" type="checkbox"/>
Do You Feel You Are On The Right Path To Launch Your Company?	<input type="text"/>	<input checked="" type="checkbox"/>
Would It Be Full Time Or A Side Job?	<input type="text"/>	<input checked="" type="checkbox"/>
What Type Of Business Would You Open And Why?	<input type="text"/>	<input checked="" type="checkbox"/>
How Would Owning A Business Make Your Life Better?	<input type="text"/>	<input checked="" type="checkbox"/>

Asset Management

Do You Have A Plan To Rebalancing Your Asset Allocation At Least Annually?	<input type="text"/>	<input checked="" type="checkbox"/>
Do You Have An Efficient, Globally Diversified Portfolio?	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Reviewed Your Investments For Internal Expenses?	<input type="text"/>	<input checked="" type="checkbox"/>
Who Do You Discuss Financial Changes With? Are They A Fiduciary? Are They Experts? Will They Tell You If You Are Wrong?	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Maximized After-Tax Returns By Locating Your Assets In The Correct Account Types Based On Taxation?	<input type="text"/>	<input checked="" type="checkbox"/>
Do You Have A Plan For Where You Will Draw Income From That Minimizes Risks And Taxes Throughout Your Retirement?	<input type="text"/>	<input checked="" type="checkbox"/>

Manage Your Risks

If You Died Today, Would It Create A Financial Hardship For Anyone?	<input type="text"/>	<input checked="" type="checkbox"/>
If You Were Disabled Today, Would It Create A Financial Hardship?	<input type="text"/>	<input checked="" type="checkbox"/>
Do You Have The Appropriate Health Insurance Based On Likely Need?	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Reviewed Your Property Insurance? (Home, Auto, Boat, Etc.)	<input type="text"/>	<input checked="" type="checkbox"/>
Do You Have Personal And Professional Liability Insurance? (Umbrella Policies, Malpractice, Errors And Omissions, Etc)	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Made Plans To Make Sure You Do Not Outlive Your Money?	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Compared Your Portfolio Risk and Your Risk Tolerance? (Need, Willingness And Ability To Take Risk)	<input type="text"/>	<input checked="" type="checkbox"/>

Build An Estate Plan

Will Your Estate Be Subject To State Or Federal Estate Tax?	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Named A Guardian For Minor Children?	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Provided Instructions For How You Would Like Children To Be Raised?	<input type="text"/>	<input checked="" type="checkbox"/>
(Property, Closely Held Businesses, Intellectual Property, Collectibles, Etc)	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Created A Will?	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Evaluated The Need For A Revocable Trust?	<input type="text"/>	<input checked="" type="checkbox"/>
Have You Evaluated The Need For An Irrevocable Trust?	<input type="text"/>	<input checked="" type="checkbox"/>
Do You Have A Durable Power Of Attorney	<input type="text"/>	<input checked="" type="checkbox"/>
Do You Have Advanced Medical Directives Or A Living Will?	<input type="text"/>	<input checked="" type="checkbox"/>