building blocks to achieve financial growth

1900 E. Golf Rd., Suite 950, Schaumburg, IL 60173 | 630.539.9122 P | 630.351.7493 F | www.JohnTDavis.com

AMERICA UNITED **WEALTH** PLANNING

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Dear Client:

I very much look forward to our meeting; to prepare for our meeting please complete the "Annual Review Checklist" This is a two-page document that will help us in determining your financial goals. Please answer the questions on page one to the best of your ability. We want to make sure you are protected. Please complete page 2 so that we can set some goals to make sure you have the retirement you desire.

Since Social Security Income is a big part of most family's income in retirement, I would recommend that you bring the most current copies of your Social Security Statements.

If you have any questions please give me a call or email me. Our office and website address is listed above, if you need driving directions you can call me or go to the website: www.JohnTDavis.com and click on the driving directions button.

John T Davis (630) 539-9122 my email address is john@JohnTDavis.com

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ANNUAL REVIEW CHECKLIST

		Year Last Reviewed
1. Is your Survivors Guide completed and does it reflect your wishes?	☐ Yes ☐ No ☐ N/A	__________
2. Is your Will current and reflect your wishes?	☐ Yes ☐ No ☐ N/A	__________
3. Is your Trust current and reflect your wishes?	☐ Yes ☐ No ☐ N/A	__________
4. Is your Medical Power of Attorney current and reflect your wishes?	☐ Yes ☐ No ☐ N/A	__________
5. Is your Quality of Life Directive current and reflect your wishes?	☐ Yes ☐ No ☐ N/A	__________
6. Do you have an identity theft plan in place?	☐ Yes ☐ No ☐ N/A	
7. Is your Umbrella Liability protection in place & does it meet your needs?	☐ Yes ☐ No ☐ N/A	
8. Is your current Life Insurance structured properly?	☐ Yes ☐ No ☐ N/A	
9. Has titling and beneficiaries been reviewed and updated on the following accounts?		
Bank Accounts	☐ Yes ☐ No ☐ N/A	
Investment Accounts	☐ Yes ☐ No ☐ N/A	
Other ____	☐ Yes ☐ No ☐ N/A	
Life Insurance	☐ Yes ☐ No ☐ N/A	
Other ____	☐ Yes ☐ No ☐ N/A	
10. Have your taxes been reviewed in the last 3 years for savings and accuracy?	☐ Yes ☐ No ☐ N/A	
11. Are you comfortable with Required Minimum Distribution (RMD) planning?	☐ Yes ☐ No ☐ N/A	
12. Does your LTC plan still meet your needs?	☐ Yes ☐ No ☐ N/A	
13. Does your Final Expense plan still meet your needs?	☐ Yes ☐ No ☐ N/A	
14. Is your Safe Deposit Box set up to avoid probate?	☐ Yes ☐ No ☐ N/A	
15. What year do you plan to retire from your present employment?	Husband _____ Wife _____	
16. If already retired, what year did you retire?	Husband _____ Wife _____	

ANNUAL REVIEW CHECKLIST

Clients Names: ____

Daytime Telephone (   ) _____________________________ email ____

Home Address ____ City State Zip _______________________________________

Tangible Assets		Cash, Savings and Investments Total Amounts		Managed by:
Residence	$ _______________	Emergency fund	$ _______________	__________________
Other Real Estate	$ _______________	Certificates of Deposit	$ _______________	__________________
Other Real Estate	$ _______________	Stocks and Bonds	$ _______________	__________________
		Mutual Funds	$ _______________	__________________
Life Insurance		401k	$ _______________	__________________
Husband Life Insurance	$ ____________	401k	$ _______________	__________________
Wife Life Insurance	$ ____________	IRA (husband)	$ _______________	__________________
*** Birthdates**		IRA (wife)	$ _______________	__________________
Husband _____/_____/_____	Wife _____/_____/_____	Other	$ _______________	__________________

*** From the Social Security Statements Age 66 Benefit Amounts** Husband $ _______________ Wife $ _______________

Total Mortgage and other Debt

Lender ______________________________ Balance owed $ _______________ Payment $ _______________ Payoff Date ______

Lender ______________________________ Balance owed $ _______________ Payment $ _______________ Payoff Date ______

Other ______________________________ Balance owed $ _______________ Payment $ _______________ Payoff Date ______

Other ______________________________ Balance owed $ _______________ Payment $ _______________ Payoff Date ______

Total Monthly Income

	Husband	Wife
Employment Income	$ _______________	$ _______________
Social Security	$ _______________	$ _______________
Pension	$ _______________	$ _______________
Interest/Dividends	$ _______________	$ _______________
Other income	$ _______________	$ _______________

Approximate Monthly Expenses $ _______________

Are you comfortable with your monthly cash flow? ☐ Yes ☐ No ☐ Don’t know

Do you expect any significant changes in cash flow? ☐ Yes ☐ No ☐ Don’t Know

Do you expect to make any large purchases in the next 3 years? ☐ Yes ☐ No ☐ Don’t Know

Are you anticipating any major lifestyle changes ☐ Yes ☐ No ☐ Don’t Know
I.e. marriage, moving, buying another home, etc?