



Financial Fitness

Understanding how well you are positioned to be in control of your financial future enables you to make better decisions. Based on what you know to be true, take a few minutes to rate your situation in some key financial preparation areas.

My Financial Team

	YES	NO	NOT SURE
My current financial advisor is the right match for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a coordinated plan between the advisors on my team. <i>(i.e. Financial Advisor, Accountant, and Lawyer)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know and am comfortable with the fees I am paying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Financial Fitness

	YES	NO	NOT SURE
I have a detailed financial plan that fits my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where all of my assets are located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My portfolio is diversified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the rate of return on my investments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have an understanding of my financial risk and am comfortable with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My earned income and investments generate enough cash for my spending needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...continued checklist on the back

Personal Financial Fitness *(continued)*

I have financial situations that require immediate attention.
(i.e. College funding, change of jobs, retirement)

YES	NO	NOT SURE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand tax strategies that are appropriate for me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I have the appropriate insurance coverage. *(Check all that apply)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Life (Whole/Term) | <input type="checkbox"/> Health |

Retirement

I am on track to retire in _____ (year).

YES	NO	NOT SURE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I know where my income will come from in retirement.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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My financial future is secure to sustain my lifestyle.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I am maximizing my retirement savings options.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I am comfortable and satisfied with my company's retirement plan.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Estate Planning

My estate documents are complete and current. *(Check all that apply)*

YES	NO	NOT SURE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Will/Trust | <input type="checkbox"/> Power of Attorneys - Financial and Healthcare |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> HIPAA Waivers |

My estate is designed to minimize taxes and fees.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please complete the following information

Name: _____

Address: _____

Phone Number: _____

Email: _____

If you have questions about any of the areas mentioned or discover a financial matter that needs attention, our team of wealth management professionals is ready to assist you. Please call us at one of our locations:

Madison | 608.826.2300 • Milwaukee | 262.641.6888 • Appleton | 920.750.6000 • Rockford | 815.636.8181