

| RETIREMENT GOALS  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Do you need help deciding when you want to retire?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to retire early?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to slow down and work part time (semi-retire)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to take sabbaticals during your career?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to feel confident about your plans for retirement?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to feel confident about your retirement income sources (e.g., investment accounts, retirement plans, pension plans, Social Security)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to feel confident about your current (and future) financial situation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you plan to change your residency in retirement?   | <input type="checkbox"/> | <input type="checkbox"/> |

| FAMILY GOALS   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Do you want to have or adopt a child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to save for a child or relative's education?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to save for any family milestones (e.g., bar/bat mitzvahs, graduations, weddings)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to support family members who may require special needs planning?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any parents or other family members you want to care for?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have plans to change your marital status?   | <input type="checkbox"/> | <input type="checkbox"/> |

| SELF-DEVELOPMENT & PROFESSIONAL GOALS  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Do you want to achieve financial independence or improve your overall financial health?      | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to pursue more education or certifications for personal or professional reasons? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you looking for professional advancement (new job, career, promotion)?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to optimize your employee benefits and compensation package?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to start your own business?  | <input type="checkbox"/> | <input type="checkbox"/> |

| ASSET & DEBT GOALS  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Do you want to reduce the risk of market volatility on your investments?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to increase the rate of return on your investments?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to improve your cash flow (increase income or reduce expenses)?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to increase the amount you keep in your emergency fund?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to save more for future goals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to protect your real and personal property from risk?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to refinance or pay off any loans (such as mortgages or student loans)?               | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to refinance, consolidate, or pay off any debts (such as high-interest credit cards)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have plans for a second home or vacation/investment/rental property?                       | <input type="checkbox"/> | <input type="checkbox"/> |

| LIFESTYLE GOALS  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Are you planning to move (such as changing your residence) now or in the future? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you planning to purchase or sell a home?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you planning to purchase or sell a second home?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to make a significant home improvement or major purchase?            | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to buy or lease a vehicle?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to plan a large vacation now or in the future?                       | <input type="checkbox"/> | <input type="checkbox"/> |

| TAX PLANNING GOALS  | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Do you want to reduce your tax liability now?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to reduce your tax liability in the future?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to support a charity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you planning to sell a business, real estate, or another major asset? | <input type="checkbox"/> | <input type="checkbox"/> |

| HEALTH CARE GOALS  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Do you need to plan for a disability?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to plan for long-term care expenses?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to plan for future medical expenses?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need to make changes to your health insurance coverage?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to age in your home and avoid a nursing home?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need to prepare for a possible illness (for either you or your spouse)? | <input type="checkbox"/> | <input type="checkbox"/> |

| ESTATE PLANNING & WEALTH TRANSFER GOALS   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Do you want to provide gifts to your children and loved ones during your lifetime?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to protect your assets from creditors, bankruptcy, or divorce?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to feel secure that your appointed fiduciaries will carry out your wishes in the event of your incapacity and/or death? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to ensure that your spouse or other family members are cared for in the event of your death?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there charitable organizations that you want to support?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to ensure your assets pass to your heirs easily?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to place some restrictions on the assets your heirs will inherit?   | <input type="checkbox"/> | <input type="checkbox"/> |

| MISCELLANEOUS GOALS  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Are there any other goals you want to consider that are not addressed above? | <input type="checkbox"/> | <input type="checkbox"/> |