

ANNUAL REVIEW CHECKLIST

This checklist is designed to be comprehensive without overwhelming you. While not every item herein may apply to you, you should review each one for completeness. Your responses will help me to determine the most appropriate services for your particular circumstances. Since we live in a rapidly changing world, this review is essential for keeping your retirement, investment, insurance, education, and estate plans up-to-date. As always, thank you for taking the time to help me help you.

NAMES:				
ADDRESS:				
PHONE NUMBER:	DAY:		DAY:	
	EVENING:		EVENING:	
BUSINESS NAMES:				
OCCUPATIONS:				
EMAIL:				

Since our last review have you:

A. PERSONAL

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Changed your address? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Had any new naturally born children? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Adopted, or are considering adopting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Become a grandparent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Changed your marital status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Taken on any new dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Had a change in your health or that of any family member? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Changed your attorney? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Changed your accountant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Executed a Will? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Created a Will or Trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Changed a Will or Trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Explored a Special Needs Trust for a child or grandchild? | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

Lorelle Farber, CRPC® ADPA®

Financial Advisor

Direct: (425) 214-0432 • Fax: (425) 641-8778 • Phone: (425) 641-8788 x232

10900 NE 8th Street, Suite 1550 • Bellevue, WA 98004

Registered Representative of, and Securities and Investment Advisory Services offered exclusively through Hornor, Townsend & Kent, Inc. a Registered Investment Advisor, member FINRA/SIPC. Pacific Capital Resource Group, Inc. is independent of Hornor, Townsend & Kent, Inc. and is a licensed insurance agency. CA License #OG31971 – A4YK-1211-04E2

B. PROFESSIONAL

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Changed your employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Purchased or sold a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Changed or added an Associate or Partner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Considered becoming an Associate or Partner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Changed or contemplated changing business structure (i.e., Sole Proprietorship, Partnership, or Corporation)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you considered taking advantage of tax write-offs such as Qualified Pension, Profit Sharing, or 401 (k) plans? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Formed a corporation of any kind? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a Buy-Sell Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is it funded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Purchased stock in a Closely held Corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Investigated the benefits to your business of: | | |
| a. Key Employee Insurances? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A Funded Buy-Sell Agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Group Life or Medical? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Long Term Care Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Had a gain or loss in the value of your business? | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

C. REAL ESTATE

- | | | |
|---|--------------------------|--------------------------|
| 1. Increased or paid off a mortgage for a home or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Purchased or sold a home or apartment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Acquired property in another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Taken a Home Equity Loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Refinanced your home? | <input type="checkbox"/> | <input type="checkbox"/> |

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D. FINANCIAL

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Inherited assets or become a beneficiary of income in respect of a descendant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Made gifts in excess of the annual exclusion (\$11,000) to any one individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had a change in your income by more than 10%? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been satisfied with the amount you are saving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Considered increasing your systematic savings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Taken advantage of annual exclusion gifting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Considered reviewing or revising your Estate Plan in light of constant changes in the State and Federal Codes? | <input type="checkbox"/> | <input type="checkbox"/> |

Details: _____

E. INSURANCE

1. Changed any life or health insurance policy?
 If yes, Company _____ Policy No. _____
 Insured _____ Amount _____
2. Made any loans or assignments of your life insurance?
 If yes, Company _____ Policy No. _____
 Insured _____ Loan Amount _____
3. Change the beneficiaries on any insurance policies?
 If yes, Company _____ Policy No. _____
 Insured _____ Beneficiary _____
4. Become uncomfortable with the minimum income you have set for your family considering changes in the economy? YES NO
5. Considering any of the following:

a. Insurance on your or your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance on your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
c. 529 Plans (education funding for children or grandchildren)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Mortgage insurance?	<input type="checkbox"/>	<input type="checkbox"/>
e. Retirement Planning (qualified or non qualified)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Gifts to charity?	<input type="checkbox"/>	<input type="checkbox"/>
g. Disability Income Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
h. Long Term Care Insurance on you or your parents?	<input type="checkbox"/>	<input type="checkbox"/>
i. Other? _____	<input type="checkbox"/>	<input type="checkbox"/>

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E. INSURANCE (CONT)

YES NO

6. Become uncomfortable with the amount of insurance you own?
7. Considered converting any term insurance to permanent?

Details: _____

F. MISCELLANEOUS

1. Name and date of birth of new child(ren): _____
2. Annual income last calendar year: \$ _____
3. Anticipated income this calendar year: \$ _____
4. My top three priorities in meeting with Lorelle Farber are:
- a. _____
- b. _____
- c. _____

5. Additional areas of interest to you:
- | | | |
|--|--|--|
| <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Education/ College Planning | <input type="checkbox"/> Executive Benefits |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Business Continuation | <input type="checkbox"/> Wealth Accumulation |
| <input type="checkbox"/> Protection for your family against dying too soon | | |

6. Any concerns you would like to discuss not covered in this brief review?
- _____
- _____

 Signature

 Date

 Signature

 Date

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