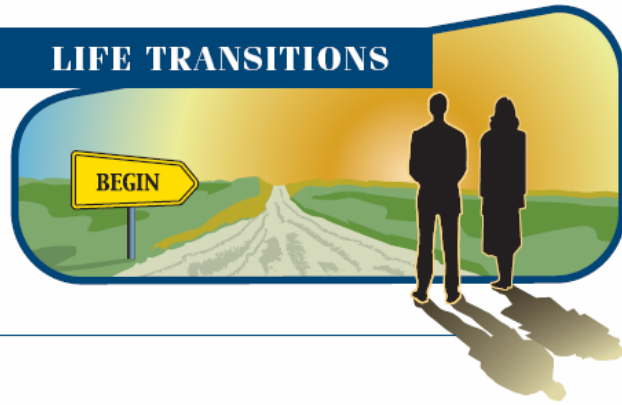


Life Transitions Profile

Name: _____



Select the priority level of the life transitions that you are experiencing now or expect to experience in the near future. Leave all others blank.

Personal / Family

Priority Level

Getting married	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Going through a divorce or separation	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Recent loss of your spouse (widowhood)	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Expecting a child	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Adopting a child	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Need to hire childcare	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Child entering adolescence	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Child with special needs (disability / other)	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Child preparing for college	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Child going away to college	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Child getting married	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Empty nest	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Special family event	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Providing assistance to a family member	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Concerned about an aging parent	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Concerned about the health of spouse or child	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Concerned about personal health	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Family member in need of professional care	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Family member with a disability or serious illness	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Family member expected to die soon	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Recent death of family member	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Recent birth of a child	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Family member diagnosed with cancer	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Entering single parenthood	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L

Work / Career

Contemplating Career Change	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
New Job	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Job promotion	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Job loss	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Job restructuring	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
New job training / education program	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Starting a new business	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Gaining or losing a business partner	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Selling or closing a business	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Transferring business to family member	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Downshifting / Simplifying work life	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Taking a sabbatical or leave of absence	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Phasing into retirement	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Full retirement from current job / career	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Buying an existing business	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Expanding an existing business	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L

Financial / Investment

Selling a house	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Refinancing your mortgage	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Purchasing a home	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Relocating	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Reconsidering investment philosophy and risk profile	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Significant investment gain	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Significant investment loss	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Concerned about debt	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Considering an investment opportunity	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Receiving an inheritance or financial windfall	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Selling assets	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Considering changing financial service provider	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L

Community / Charitable

Giving to other charitable organizations	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Monthly stipend to parent(s) (parental pension)	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Gifts to children / grandchildren	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Developing or reviewing an estate plan	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Developing an end of life plan	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Creating or funding a foundation	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Creating or funding a scholarship fund	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Giving to community causes / events	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L
Giving to church or religious organizations	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L



Summary Report

Mitch Anthony

Transition

Priority Code

Personal/Family

Concerned about an aging parent
Child preparing for college

High
 Medium

Work/Career

Starting a new business

High

Community/Charitable

Increase charitable giving
Develop or review an estate plan

High
 Medium