

## Transitions

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 child care	<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
Downshift / Simplify 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



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|---|----------------------------|----------------------------|----------------------------|
| 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

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|--|----------------------------|----------------------------|----------------------------|
| 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 |
| Purchase 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

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|---|----------------------------|----------------------------|----------------------------|
| Give 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 |
| Develop or review an estate plan                | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| Develop 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 |
| Give to community causes / events               | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |
| Give to church or religious organizations       | <input type="checkbox"/> H | <input type="checkbox"/> M | <input type="checkbox"/> L |

