

YOUR PERSONAL CFO CHECKLIST

Name: _____

Start Date: _____

Action Item:

Better Manage Your Money:

Note:

Completion Date:

- | | | |
|--|-------|-------|
| 1. Financial Inventory | _____ | _____ |
| 2. Cash flow management and forecast | _____ | _____ |
| 3. Debt elimination plan | _____ | _____ |
| 4. Investment Policy Statement | _____ | _____ |
| 5. Critical warning and circuit breaker system | _____ | _____ |
| 6. Add to buy in list | _____ | _____ |
| 7. Reliable versus variable retirement income | _____ | _____ |
| 8. Required Minimum Distributions | _____ | _____ |
| 9. Social Security Income Analysis | _____ | _____ |
| 10. Pension Max | _____ | _____ |
| 11. Tax review completed with an accountant | _____ | _____ |
| 12. Plan Confidence System | _____ | _____ |
| 13. "Get Connected" | _____ | _____ |

Protecting Your Assets:

- 1. Home and auto insurance reviewed _____
- 2. Medicare enrollment discussed _____
- 3. Supplemental Medicare health insurance reviewed _____
- 4. Long term care plan reviewed _____
- 5. Review loss of income from a premature death _____

Protecting Your Estate:

- 1. Review legal documents by an attorney _____
- 2. Complete beneficiary checklist _____
- 3. Review the funding of assets if a trust was set up _____
- 4. Review if POD or TOD registration should be used _____
- 5. Review how assets should be owned and titled _____
- 6. Review a plan to maximize assets to heirs _____
- 7. Life insurance review _____

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