



PERSONAL FINANCIAL RISK ASSESSMENT

Name: _____ Phone Number: _____

Email Address: _____

YES? NO?

- 1) Are you satisfied with your current investment strategy?
- 2) Do you know how much you will need to retire and how much you can safely withdraw from your assets in retirement?
- 3) I have a six-month to one-year cash emergency fund.
- 4) I have adequate life insurance to provide for my family.
- 5) I have disability insurance.
- 6) I have long term care insurance.
- 7) I have personal liability umbrella insurance between \$1,000,000 and \$2,000,000, which is coordinated with my homeowners and auto insurance.
- 8) I have a will, power of attorney, living will and healthcare proxy.
- 9) My beneficiary designations for my life insurance and retirement accounts match my estate plan.
- 10) Do you review your financial situation on an annual basis with a CERTIFIED FINANCIAL PLANNER™ professional?

Number of "NO" Answers	Risk Level
0 – 1	Low
2 – 3	Moderate
4 or more	High