LYNN-MARK ENTERPRISES, LLC
TAX & BUSINESS CONSULTANTS
14 East 38th Street, Suite 1402
New York, NY 10016
Phone (212) 213-6592 | Fax (212) 213-2403
Email: Taxquestions@lynnmark.com

Financial Goals Checklist

Name: ______________________________ Age: __________

Spouse Name: ______________________________ Age __________

Children Names: ______________________________ Ages: __________

RETIREMENT:	YES	NO
1. Do you have a pension, profit sharing or 401(k) plan at work?	______	______
2. Are you saving through any other source for retirement?	______	______
3. Do you feel that your retirement needs will be adequately met?	______	______

EDUCATION:		
1. Do you have children and/or grandchildren whose education you wish to provide for?	______	______
2. Have you established any education accounts on their behalf?	______	______
3. Do you feel that these education needs will be adequately met?	______	______

SPECIAL GOALS:		
1. Do you have any special goals that you are saving for? (ex: first or second home, purchase of business)	______	______
2. Do you have any charitable goals?	______	______
3. Do you have parents who are or may become dependent on you for support?	______	______

ESTATE TRANSFER:		
1. Do you have a current will? (within the last two years)	______	______
2. Do you have a living will?	______	______
3. Have you established or been advised to establish any trusts?	______	______
4. Do you think that your estate will exceed $2 million ($1 million if single?	______	______
5. Have you had an estate plan done in the past 5 years?	______	______

INSURANCE and ANNUITIES:		
1. Has your life insurance been reviewed in the last five years?	______	______
2. Do you have disability income insurance?	______	______
3. Do you have long term care insurance?	______	______
4. Do you have any deferred annuities?	______	______