

Life Transition Survey

Client Name _____

Date _____

Directions: In each section, select the transitions that you are currently experiencing and those you are likely to experience in the future. In addition, check transitions in the short to mid-term and long-term columns that you either hope to experience or anticipate with concern.

Work Life Transitions

| | | Currently experiencing | Anticipate short to mid-term | Anticipate long-term |
|-----|--------------------------------|--------------------------|------------------------------|--------------------------|
| 1. | Change in career path | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | New job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Promotion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Job loss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Job restructure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Education / retraining | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Sell or close business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Transfer family business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Gain a business partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Lose a business partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Downshift / simplify work life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sabbatical / leave of absence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Start or purchase a business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Retire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Phase into retirement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Financial Life Transitions

| | | Currently experiencing | Anticipate short to mid-term | Anticipate long-term |
|-----|---|--------------------------|------------------------------|--------------------------|
| 1. | Purchase a home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Sell a home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Relocate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Purchase a vacation home / timeshare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Re-evaluate investment philosophy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Experience investment gain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Experience investment loss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Debt concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Consider investment opportunity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Receive inheritance or financial windfall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Sell assets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Family Life Transitions

| | | Currently experiencing | Anticipate short to mid-term | Anticipate long-term |
|-----|--|--------------------------|------------------------------|--------------------------|
| 1. | Change in marital status (marriage) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Change in marital status (divorce) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Change in marital status (widowhood) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Expecting or adopting a child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Hire child care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Child entering adolescence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Child with special needs (disabilities, medical/dental problems) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Child w/pre-college expenses (private school, tutor, lessons) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Child going to college | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Child getting married | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|
| 11. | Empty nest | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Family special event (Bat/Bar Mitzvah, anniversary party, trip) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Helping and/or gifting grandchildren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Concern about aging parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Concern about health of spouse/partner or child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Family member needs caregiving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Concern about personal health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Provide for long-term care (parent, spouse/partner, or self) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Disability / hospitalization (self or family member) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Death of family member | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Legacy Life Transitions

| | | Currently experiencing | Anticipate short to mid-term | Anticipate long-term |
|----|--|--------------------------|------------------------------|--------------------------|
| 1. | Increase charitable giving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Give special financial gifts to children/grandchildren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Give parental pension (monthly stipend) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Develop an estate plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Change estate plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Develop an end of life plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes