

Your Life Transitions Profile



No one knows the demands of your financial life as well as you. Your answers to the following questions will help us to understand your life plans.

Please indicate your priority level for each life transition that you are **experiencing now**, or expect to experience in the **near future**.

Those that don't apply, please leave blank.

	Priority Level				Priority Level		
	high	medium	low		high	medium	low
Personal/Family				Financial/Investment			
Getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selling a house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going through a divorce or separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refinancing your mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent loss of your spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase a home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expecting a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relocating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adopting a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reconsidering investment philosophy and risk profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need to hire child-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Significant investment gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child entering adolescence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Significant investment loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child with special needs (disability/other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerned about debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child preparing for university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Considering an investment opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child going away to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receiving an inheritance or financial windfall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child getting married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selling assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empty nest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Considering changing financial service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special family event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Providing assistance to a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community/Charitable			
Concerned about an aging parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give to other charitable organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerned about the health of spouse or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monthly stipend to parent(s) (parental pension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerned about personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gifting to children/grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member in need of professional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop or review an estate plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member with a disability or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop an end of life plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member expected to die soon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creating or funding a foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent death of family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creating or funding a scholarship fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent birth of a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give to community causes/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member diagnosed with cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give to church or religious organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entering single parenthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Work/Career							
Contemplating career change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed by : _____			
New job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date : _____			
Job promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Job restructuring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
New job training/education programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Starting a new business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Gaining or losing a business partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Selling or closing a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Transferring business to family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Downshift/simplify work life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Taking a sabbatical or leave of absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Phasing into retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Full retirement from current job / career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Buying an existing business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Expanding an existing business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				