



Life Transitions 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-term and long-term columns that you either hope to experience or anticipate with concern.

| Work Life Transitions | Currently experiencing | Anticipate short-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-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"/> |

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Family Life Transitions

| | Currently experiencing | Anticipate short-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, special 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-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

Notes area for client input.