

Financial Wellness Plan Checklist

In order to best analyze your financial health and provide appropriate strategies for achieving your goals, please complete this checklist, and supply the requested information as it relates to your current financial picture.

Note that all personal information shared with ARK Financial Wellness will be treated confidentially, and will not be shared with any outside sources without your express consent.



Full Name	Date of Birth	Occupation	Retirement Date/Age
Spouse/Partner Full Name	Date of Birth	Occupation	Retirement Date/Age
Address	City	State	Zip Code
Phone Number (self)	Phone Number (spouse/partner)		
Email (self)	Email (spouse/partner)		

What are your primary financial wellness planning motivators (check all that apply)?

- | | |
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| <ul style="list-style-type: none"> Attain Financial Freedom/Independence Build Savings/Wealth Career/Job Change/Layoff Caregiver/Trustee for Parent/Family Charitable Giving/Family Gifting Strategies Desire to Travel More Education (College/Private School Funding) Estate Planning (plan for the unexpected) Health/Long-Term Care Planning Get Organized (find old 401ks, etc.) Inheritance Received/Expected | <ul style="list-style-type: none"> Legacy Planning Life Insurance Need Analyses Life Transition (Death/Divorce/Marriage/Birth) Payoff Debt (mortgage, credit cards, student loans) Reduce Money-Related Stress Reduce Taxes/Optimize Tax-Saving Opportunities Retirement Planning Second Opinion on Investments/Retirement Savings Second/Vacation Home or Rental Property Starting/Selling a Business Other _____ |
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Please provide information related to your current financial picture

For the following sections, check all that apply to you, and provide supporting documentation via Secure Portal Link (preferred); by email to Isabel@ARKFinancialWellness.com, regular mail, or in-person drop-off.

Employer or Previous Employer

Payroll/Income Statements (Paystub, W-2, 1099, Pension Estimate, etc.)

Payroll Schedule: Weekly Bi-Weekly Bi-Monthly Monthly

Open Enrollment Period: **Self** _____ **Spouse/Partner** _____

Employer-Sponsored Plan (401k, 403b, 457, etc.) Statement, Investment Options & Plan Summary

Employee Contribution Amount/Percentage: *Employer Matching Contribution Amount/Percentage:*

Self _____ Spouse/Partner _____ Self _____ Spouse/Partner _____



Personal Files

Latest Tax Return (*form 1040 only*)
Social Security Statement(s) - *find at www.ssa.gov*
Pension Estimate Statement(s)
Auto/Personal Property Loan Statement(s)
Credit Card Statement(s)
Mortgage Loan Statement(s)
Property Owned Outside of Primary Home

Provide Address for Real Estate/Property Owned Outside of Primary Residence...

Insurance Information - include recent statements/declaration pages for the following:

Annuity Contract
Disability Policy
Health Savings Account (HSA)
Life Insurance Policy
Long-Term Care Policy
Homeowners Policy
Auto Policy
Other Personal Property
Umbrella Policy

Savings/Investments/Education/Old 401k/IRAs/Other Retirement Accounts

CD and/or Savings Bond Statement(s) or Listing of Current Balances & Maturity Dates
Checking/Savings/Money Market Statement(s) or Current Balance(s)
Current Statement(s) for Joint, Individual, Trust, Traditional IRA, Roth IRA, Inherited Account, 529 Plan, Child Savings/UTMA Account, Previous Employer 401k/Retirement Plan, etc.
Stock/Bond Certificate(s) and/or Latest Custodial Statement(s) for Stocks/Bonds

Additional Information

Do you have the following estate plan documents?

Will Trust Healthcare Power of Attorney Financial Power of Attorney
Yes No Yes No Yes No Yes No

Beneficiaries Designated on Your Assets
Yes No

When was the last time you reviewed the above checked documents for accuracy?

Past 12 Months 1-3 Years Ago 3-5 Years Ago Over 5 Years Ago Never

Name(s) and date of birth of children (minor &/or adult children)

Any additional information you would like to share regarding your goals/assets/liabilities to aid in the implementation of your Financial Wellness Plan...
