

BLISS PROGRAM

Marriage

*Helping to Preserve and Grow Your Family's Wealth
Through Life's Biggest Moments.*

Getting Married Bliss Meeting Checklist



Getting Married Checklist

General information	Yes	No	N/A
1. Has relevant personal information been gathered? • Names, ages, health statuses • Dependents • Children from previous marriages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has financial situation been assessed? • Income • Expenses • Assets • Liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Money management	Yes	No	N/A
1. Have assets been itemized separately/together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have debts been itemized separately/together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has an apportionment of responsibility for expenses been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have separate/joint savings plans been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will separate/joint checking/savings accounts be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a record-keeping system been devised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any credit history concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Housing	Yes	No	N/A
1. Homeowner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If not, is a home purchase planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have home ownership options (e.g., joint, sole) been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:			
Insurance planning	Yes	No	N/A
1. Is health insurance needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will separate health insurance plans be maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will health coverage be combined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does life insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does automobile insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does homeowners/renters insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does disability income insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does personal liability insurance need to be purchased/upgraded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will beneficiary designations be changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Investment planning	Yes	No	N/A
1. Have investment profiles been determined separately/together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have investment goals separately/together been considered/prioritized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has size/frequency of investments been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are separate/joint investments contemplated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there current investments? • Stocks • Bonds • Mutual funds • Annuities • Real estate • Art/collectibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Retirement planning	Yes	No	N/A
1. Is a retirement plan available? • IRA • Employer-sponsored retirement plan • Beneficiary designation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will one or both plans be funded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Estate planning	Yes	No	N/A
1. Is there a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Will changes be made to the will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has setting up trusts been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have durable power of attorneys been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have health-care directives been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are spousal property transfers anticipated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a concern about equalizing estates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

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