

| FAMILY ISSUES | YES | NO |
|--|--------------------------|--------------------------|
| Are there any life events that you expect to occur for yourself or your immediate family (marriage, higher education, career change, move, retirement)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any life events recently occurred? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have (or expect to soon have) any children or grandchildren? If so, consider the following: <ul style="list-style-type: none"> ■ Plan to fund education or major expenses (such as a wedding). ■ If you have family members with special needs, advanced planning may be advisable. | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you previously married? If so, consider reviewing your estate planning documents, beneficiary designations, and your insurance needs. | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced, are there any issues that should be considered (such as alimony, child care costs)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you or your spouse/partner incurring significant medical expenses or are you disabled? If so, consider reviewing your health insurance options to understand deductibles, premiums, and out-of-pocket maximums. Also, compare your plan against your spouse's/partner's, if applicable. See "What Issues Should I Consider When Reviewing My Health and Life Insurance Policies?" checklist. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a veteran? If so, consider if any benefits would be available and helpful. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you caring for your parents? If so, reference "What Issues Should I Consider For My Aging Parents?" checklist. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any residency or citizenship concerns? | <input type="checkbox"/> | <input type="checkbox"/> |

| CASH FLOW ISSUES | YES | NO |
|---|--------------------------|--------------------------|
| Do you need to review your emergency fund to see if it is adequate? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help developing a spending plan? (continue on next column) | <input type="checkbox"/> | <input type="checkbox"/> |

| CASH FLOW ISSUES (CONTINUED) | YES | NO |
|--|--------------------------|--------------------------|
| Do you need to review if you are saving in the right places? If so, consider saving in the following order: contribute to your employer's retirement plan to take advantage of the employer match, max out HSA contributions (if participating), max out employer retirement and IRA contributions (if applicable), save in taxable accounts. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you taking distributions from your retirement accounts? If so, consider the rate of withdrawal and the tax efficiency of your distribution strategy. Ensure that any RMDs are satisfied. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect your cash flow will change in the future? If so, consider the following: <ul style="list-style-type: none"> ■ If you expect your income to increase in the future, consider making Roth conversions during lower tax bracket years and harvesting capital gains. ■ If you expect your income to decrease in the future, consider making traditional IRA and 401(k) contributions, and utilizing tax losses during higher bracket years. ■ If income will vary (due to deferred compensation or bonuses), consider aligning your high tax years with higher tax deductions (such as charitable gifts and medical expenses) and taking advantage of any tax losses. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect to receive Social Security in the future? If so, consider reviewing Social Security statements, and, if you will receive a pension from a state or federal government, determine whether you will be subject to the Windfall Elimination Provision and Government Pension Offset. If married, consider your spouse's Social Security benefit and review strategies to maximize household benefits. | <input type="checkbox"/> | <input type="checkbox"/> |

| ASSET & DEBT ISSUES | YES | NO |
|--|--------------------------|--------------------------|
| Do you need to review your objectives and risk tolerance for each investment account? (continue on next page) | <input type="checkbox"/> | <input type="checkbox"/> |

| ASSET & DEBT ISSUES (CONTINUED) | YES | NO |
|--|--------------------------|--------------------------|
| Do you need help understanding the investments you currently own? If so, consider the quality of the investments, the expense ratio, and how the investments fit relative to your investment policy statement and/or overall financial plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there high levels of cash in any accounts? If so, consider the following: <ul style="list-style-type: none"> ■ FDIC insurance limit is \$250,000 per ownership category, per insured bank. ■ Interest rates on the cash may be higher elsewhere. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any debts with high interest rates? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you have debts, do (or will) your total monthly debt payments equal 36% or more of your gross monthly income? If so, some lenders may not be willing to lend money to you. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any annuities? If so, review the riders, death benefits, and surrender charges. | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your employer offer equity compensation (e.g., stock options, restricted stock, ESPP, etc.)? If so, review your rights, any vesting schedules, and the tax consequences of purchasing and/or selling shares. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need to review your employee benefits to ensure that you are taking advantage of what your employer offers? Consider contributions to Health Savings Accounts, Flexible Spending Accounts and/or Dependent Care Flexible Spending Accounts. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you own your primary residence? If so, review your insurance coverage, property taxes, any associated debt, and how the home is titled. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a second property or rental property? If so, consider how those properties are titled, any potential liabilities, and the possible use of an LLC. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you own a business? If so, consider retirement plan options, succession planning, and valuation. | <input type="checkbox"/> | <input type="checkbox"/> |
| Could there be any assets that you are forgetting? | <input type="checkbox"/> | <input type="checkbox"/> |

| TAX PLANNING ISSUES | YES | NO |
|---|--------------------------|--------------------------|
| Do you need to review your tax return to ensure that it has been completed accurately and that your tax liability has been minimized properly? If so, reference "As Someone Who Is Working, What Issues Should I Consider When Reviewing My Tax Return?" or "As A Retiree, What Issues Should I Consider When Reviewing My Tax Return?" checklist. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need help identifying tax planning opportunities? | <input type="checkbox"/> | <input type="checkbox"/> |

| LONG-TERM PLANNING ISSUES | YES | NO |
|---|--------------------------|--------------------------|
| Are you considering any major expenses for the future (such as a second home)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have an estate plan? If so, check that the beneficiaries for all accounts and insurance policies are up to date, and that assets are titled appropriately to work with your plan. Reference "What Issues Should I Consider When Reviewing My Estate Planning Documents?" checklist. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a plan to fund long-term care expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you anticipate that you might receive an inheritance from a loved one? | <input type="checkbox"/> | <input type="checkbox"/> |

| OTHER ISSUES | YES | NO |
|--|--------------------------|--------------------------|
| Do you need to review your insurance coverage (including life, disability, property & casualty insurance)? If so, reference "What Issues Should I Consider When Reviewing My Property & Casualty Insurance Policies?" and "What Issues Should I Consider When Reviewing My Health & Life Insurance Policies?" checklists. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you charitably inclined? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any state-specific issues that should be considered? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any other personal concerns that motivated you to seek financial advice? | <input type="checkbox"/> | <input type="checkbox"/> |

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Ralph Achille

info@achilleswm.com | 5615566296 | www.achilleswm.com