

MAJOR COMPONENTS OF A HEALTHY FINANCIAL PLAN

	<u><i>Action Needed</i></u>	<u><i>Action Date</i></u>
<i>Written Cash Flow Plan</i>	_____	_____
<i>Will and/or Estate Plan</i>	_____	_____
<i>Debt Reduction Plan</i>	_____	_____
<i>Tax Reduction Plan</i>	_____	_____
<i>Emergency Funding</i>	_____	_____
<i>Retirement Funding</i>	_____	_____
<i>College Funding</i>	_____	_____
<i>Charitable Giving</i>	_____	_____
<i>Teach My Children</i>	_____	_____
<i>Life Insurance</i>	_____	_____
<i>Health Insurance</i>	_____	_____
<i>Disability Insurance</i>	_____	_____
<i>Auto Insurance</i>	_____	_____
<i>Homeowners Insurance</i>	_____	_____

*I, _____, a responsible adult, do hereby swear to take the above stated actions by the above stated dates to financially secure the well-being of my family and myself.
(Copy to Spouse)*

Signed: _____ Date: _____