

NAME _____

CAREER CHANGER CHECKLIST

Are You Financially Prepared?



GOALS ALIGNMENT

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written career goals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spousal and inner circle support |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Named the what-ifs and challenges of my new opportunity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ranked the most important aspects of my next job |

FINANCIAL RESOURCES

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Measured short-term reserves |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current retirement projections |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written a current balance sheet and budget |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Categorized assets into available, emergency, and off-limits |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Created a tax-efficient spending plan for my available assets |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gathered all my current employer statements (ex: 401K, pension, ESOP, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Decided how to manage my employer plans (vesting, tax implications, investment selection, self-managed vs. guided) |

BENEFITS ANALYSIS

- | YES | NO | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluated health insurance options (e.g., COBRA vs. employer and individual options, HSAs) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Created a plan for replacing the benefits I may lose (e.g., PTO, Disability, Life, Long-Term Care Insurance) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identified unique opportunities my change of income provides (e.g., Roth conversions, 401K NUA, and capital gains strategy) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Created a strategy for my ESOP and/or SPP plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviewed my employer contract and any restrictive covenants with legal counsel |

COMMENTS/QUESTIONS _____



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