

MAJOR COMPONENTS OF A HEALTHY FINANCIAL PLAN

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

I, _____, a responsible adult, do hereby promise 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: _____