



**DIOCESE OF
OLYMPIA**
Episcopal Church in Western Washington
FINANCIAL ASSESMENT

Please complete this form. If you are married, or partnered, please have your spouse/partner complete their own form as well.

Name Applying for postulancy Spouse/partner

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am starting to develop an up-to-date financial plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an updated financial plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have analyzed my case flow. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have established a rainy day fund for emergencies. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have completed a net worth statement (assets minus debts or liabilities). |
| <input type="checkbox"/> | <input type="checkbox"/> | I am saving money on a regular basis for the future. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have reviewed my (life, health, disability, long term care, auto, home, liability insurance coverage). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a national credit card in my own name. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have discussed finances with appropriate family members. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have documents pertaining to my personal and family finances where my family can find them (property deeds, automobile titles, wills, insurance policies, and birth, investment, marriage, divorce certificates). |
| <input type="checkbox"/> | <input type="checkbox"/> | I know approximately what my financial situation would be in the event of a significant event or life change. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I should die suddenly, it would be easy for my survivors to determine who should be notified. |
| <input type="checkbox"/> | <input type="checkbox"/> | If I should die suddenly, it would be easy for my survivors to understand their total financial picture. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know my retirement benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know appropriately what my Social Security income will be in retirement. |
| <input type="checkbox"/> | <input type="checkbox"/> | I know appropriately what the future income from my investments in retirement. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have authorized another person to act on my behalf under a "power of attorney" document and living will. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an advanced directive/health care proxy. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an up-to-date will. |