

Template: Annual Plan Review Checklist

Use this checklist once a year to make sure your important plans are still right for you.

Date of Review: _____

1. What's Changed This Year?

(Check any boxes that apply)

- ☐ My health
- ☐ My living situation (where I live)
- ☐ My family situation
- ☐ My money situation
- ☐ My wishes or what I care about

2. Documents to Check

(Check the box if you have reviewed the document and it is still what you want)

- ☐ **Will:** Is it still correct?
- ☐ **Enduring Power of Attorney:** Is the person you chose still right?
- ☐ **Enduring Guardianship:** Is the person you chose still best placed to make lifestyle decisions for you?
- ☐ **Advance Care Directive:** Are your health wishes the same?
- ☐ **Insurance Papers:** Is your cover still right for you?

3. People to Check In With

(Think about the people you chose to help you and check the boxes)

- ☐ Are the people I chose still able to help me?
- ☐ Do I still trust them to make choices for me?
- ☐ Do I have their correct phone number and address?
- ☐ Do they still understand what I want?

4. Information to Update

(Check the box when you have made sure this information is up to date)

- ☐ Passwords and online accounts
- ☐ Bank account details
- ☐ Doctor's phone number and address
- ☐ Emergency contact list
- ☐ The list of where my important papers are stored

Action Items:

(Write down anything you need to do after this review)

- 1.
- 2.
- 3.

Disclaimer: This checklist is for informational purposes only and does not constitute professional advice. We do not guarantee the accuracy or reliability of its information or calculations.

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