

FACT FINDER



Client Name

Client Signature

Advisor Name

Date

CONTENTS

1. Family Information
2. Financial Priorities
3. Planning Assumptions
4. Property & Mortgages
5. Investments & Accounts
6. Contributions/Qualified Accounts
7. Stock Options/Annuities
8. Deferred Compensation
9. Business Information
10. Notes Receivable
11. Insurance
12. Salary, Social Security & Other Income
13. Liabilities
14. Living & Other Expenses
15. Education
16. Year End Savings
17. Wills And Gifting
18. Risk Tolerance Questionnaire
19. Vault Checklist
20. Additional Information & Professional Contacts

List Attachments

FAMILY INFORMATION

Client

First Last

Date of Birth

Gender:

Male Female

Marital Status:

Single Married Separated Divorced Domestic Partnership Widow/Widower

Citizenship:

U.S. Citizen Resident Alien Non-Resident Alien

Spouse

First Last

Date of Birth

Gender:

Male Female

Marital Status:

Single Married Separated Divorced Domestic Partnership Widow/Widower

Citizenship:

U.S. Citizen Resident Alien Non-Resident Alien

Address Line 1

Address Line 2

City State Zip

Home Phone Cell Phone

Spouse Home Phone E-mail Addresses

FINANCIAL PRIORITIES

Please place a number next to your top 6 priorities from the list below:

Client

- ___ Creating Retirement Income
- ___ Saving for Major Purchases
- ___ Minimizing Taxes
- ___ Insuring your assets
- ___ Caring for Parents
- ___ Planning for a Business
- ___ Saving For College
- ___ Managing a Budget
- ___ Insuring your Life
- ___ Providing a Legacy
- ___ Contributing to Charity

Spouse

- ___ Creating Retirement Income
- ___ Saving for Major Purchases
- ___ Minimizing Taxes
- ___ Insuring your assets
- ___ Caring for Parents
- ___ Planning for a Business
- ___ Saving For College
- ___ Managing a Budget
- ___ Insuring your Life
- ___ Providing a Legacy
- ___ Contributing to Charity

Retirement Goals

Client Retirement Age

Spouse Retirement Age

Annual Living Expenses

Other Goals

Goal Name

Start Year

End Year

Annual Amount

Funding Source

Goal Name

Start Year

End Year

Annual Amount

Funding Source

Goal Name

Start Year

End Year

Annual Amount

Funding Source

Leave to Heirs

Amount

FAMILY INFORMATION

Employment - Client

Employer Name

Title/Position

Length of Employment

Work Phone

Work Email Address

Employment - Spouse

Employer Name

Title/Position

Length of Employment

Work Phone

Work Email Address

Preferred Method of Contact

Cell Work Home Email Work Email

Best Time to Contact

FAMILY INFORMATION

Children

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Special Needs?: Yes No

Martial Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Special Needs?: Yes No

Martial Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Special Needs?: Yes No

Martial Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Special Needs?: Yes No

Martial Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Special Needs?: Yes No

Martial Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

FAMILY INFORMATION

Grandchildren

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Special Needs?: Yes No

Skip this Person?: Yes No

Parent's Names _____

Marital Status: _____

Single Married Domestic Partnership Spouse Name _____

Separated Divorced Widow/Widower

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Special Needs?: Yes No

Skip this Person?: Yes No

Parent's Names _____

Marital Status: _____

Single Married Domestic Partnership Spouse Name _____

Separated Divorced Widow/Widower

First Name _____ Last Name _____ Date of Birth _____

Gender: Male Female Special Needs?: Yes No

Skip this Person?: Yes No

Parent's Names _____

Marital Status: _____

Single Married Domestic Partnership Spouse Name _____

Separated Divorced Widow/Widower

Family Information - Notes

FAMILY INFORMATION

Individuals (Ex. Business partners, extended family relevant to financial plan)

First Name

Last Name

Gender: Male Female

Skip this Person?: Yes No

First Name

Last Name

Gender: Male Female

Skip this Person?: Yes No

First Name

Last Name

Gender: Male Female

Skip this Person?: Yes No

First Name

Last Name

Gender: Male Female

Skip this Person?: Yes No

Charities

Name

Public Private

Name

Public Private

Charities - Notes

PLANNING ASSUMPTIONS

Retirement & Life Expectancy Assumptions

	CLIENT	SPOUSE
Semi-Retirement		
Retirement Age		
Advanced Age		
Assumed Age of Death		
Probate Rate		
Final Expenses		

Gifting

	CLIENT	SPOUSE
Estate Exemption Used		
GST Exemption Used		

PROPERTY

Real Estate

	PRIMARY RESIDENCE	SECONDARY RESIDENCE	INVESTMENT PROPERTY	INVESTMENT PROPERTY
Owner (Client, Spouse, Joint, etc.)				
Property Name				
Address 1				
Address 2				
City				
State				
Zip				
Purchase Year				
Current Value				
Tax Basis				

PROPERTY

Mortgages

	PRIMARY RESIDENCE	SECONDARY RESIDENCE	INVESTMENT PROPERTY	INVESTMENT PROPERTY
Owner (Client, Spouse, Joint, etc.)				
Mortgage Name				
Institution Name				
Connection Available?				
Loan Type (Mortgage, Home Equity)				
Property Name				
Original Loan Amount				
Date of Loan				
Current Balance (As of Date)				
Interest Rate				
Loan Term				
Payment Frequency (Monthly, Quarterly, Semi-Annually, Annually)				
Repayment Type (Principal & Interest, Principal Only)				
Payment				
Balloon Period (Years)				
Is Interest Deductible? (Yes/No)				
Insured for Life (Yes/No)				

Personal Property (Cars, Jewelry, Artwork, et al.)

	PRIMARY RESIDENCE	SECONDARY RESIDENCE	INVESTMENT PROPERTY	INVESTMENT PROPERTY
Owner (Client, Spouse, Joint, etc.)				
Asset Name				
Current Value				
Tax Basis				

Property - Notes

INVESTMENTS & ACCOUNTS

Taxable

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Connection Available?				
Margin Balance				
Total Value				
Tax Basis				
% Investment Income Distributed Annually, Pre-Retire				
% Investment Income Distributed Annually- Post-Retire				

Cash Accounts (Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Connection Available?				
Asset Type				
Margin Balance				
Total Value				
Tax Basis				

Qualified Retirement (401(k), IRA, Money Purchase, Profit Sharing, 403(b) Pension, SEP, Other)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Asset Name				
Institution Name				
Connection Available?				
Type				
Total Value				
Established Year				
Roth Value				
Roth Cost Basis				
Non-Roth Post-Tax Cost Basis				
Beneficiary				

CONTRIBUTIONS/QUALIFIED ACCOUNTS

Employee Contribution (for 401(k) or 403(b))

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Contribution (for 401(k) or 403(b))

	CLIENT	SPOUSE
Employer Match Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Non-Roth Post-Tax Contributions

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Roth 401(K) Contributions

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Roth IRAs

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Connection Available?				
Total Value				
Roth Value				
Beneficiary				

529 Plans

	1	2	3	4
Grantor				
Beneficiary				
Institution Name				
Connection Available?				
Total Value				

STOCK OPTIONS/ANNUITIES

Stock Options/Grants

Attach most recent Grant Statement or fill out the form below.

Did you exercise or sell shares in the past?

Yes No

	1	2	3	4
Owner				
Institution Name				
Connection Available?				
Ticker Symbol				
CUSIP				
Current Stock Price				
Vest at Death? (Yes/No)				

STOCK OPTION STRATEGY

Buy Strategy

	ISO	NQ	Restricted Shares
As Soon as Possible			
As Late as Possible			

Sell Strategy

	ISO	NQ	Restricted Shares
As Soon as Possible			
As Soon as Possible, as Qualified			
As Late as Possible			
Hold # of Years			
Never			

Annuities

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Connection Available?				
Asset Type*				
Type of Funds**				
Total Value				
Tax Basis				
Beneficiary				

*Asset Type: Fixed, Variable **Type of Funds: Qualified, NQ, Tax Free

STOCK OPTIONS/ANNUITIES

Immediate Annuities

Attach Annuity Contract

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Immediate Annuity Name				
Annual Payments				
Exclusion Ratio				
Basis/Purchase Amount				
Purchase Amount				
Annuitization Type*				
Based on Lifetime of (Client, Spouse, Survivorship)				
Guaranteed Years of Payout				
Term in Years				

*Annuitization Type: Life, Term, Certain

DEFERRED COMPENSATION CONTRIBUTIONS

Deferred Compensation

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Connection Available?				
Total Value				
Beneficiary				

Employee Contributions

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		

Employer Contributions

	CLIENT	SPOUSE
Employer Match Percent of Salary		
Amount		

*Contributions Based On: All Earned Income, Client/Spouse Salary, etc.

Investment - Notes

BUSINESS INFORMATION

Business Interests

	1	2	3
Owner (Client, Spouse, Joint, etc.)			
Business Name			
Base Value			
Business Tax Basis			
Business Type*			
Income Taxes Pass Through to Client? (Yes/No)			

*Business Type: Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp

Business Cash Flow

	1	2	3
Income			
Expenses			
Distribution Type**			
Distribution Amount			
Distribution (% of Income)			

**Distribution Type: None, Fixed Amount, Income

Related Business Questions

	1	2	3
Client Active in Business? (Yes/No)			
Spouse Active in Business? (Yes/No)			
# of Children Active in Business			
Future Plans for Business			
Relatives Active in Business (Yes/No)			
Shareholder, Partnership, or Operating Agreement? (Yes/No)			
Does current agreement permit gifting? (Yes/No)			
Buy/Sell Agreement among owners? (Yes/No)			
Buy/Sell Agreement funded with life insurance? (Yes/No)			
How much coverage? (if applicable)			

*Future Plans for Business: Retain with Family, Sell to Employees, Sell to 3rd Party, Liquidate, Unsure

BUSINESS INFORMATION

Notes Receivable

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Note Name				
Original Loan Amount				
Date of Loan				
Current Balance				
Current Tax Basis				
Balance as of Date				
Interest Rate				
Number of Payments				
Payment Frequency*				
Repayment Type**				
Estimated Payment				
Balloon Period				

*Payment Frequency: Monthly, Quarterly, Semi-Annually, Annually **Repayment Type: Principal and Interest, Interest Only

Business Interests - Notes

INSURANCE

Attach Insurance Policy/Policies - Include Additional Policies in Appendix

	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE
Owner (Client, Spouse, Joint)					
Policy Type					
Term Year (if applicable)					
Insured					
Beneficiary					
Benefit Amount					
Premium					
Cash Value (if applicable)					

Attach Insurance Policy/Policies - Include Additional Policies in Appendix

	LONG TERM CARE	DISABILITY	PROPERTY/CASUALTY	MEDICAL	OTHER
Owner (Client, Spouse, Joint)					
Policy Type					
Term Year (if applicable)					
Insured					
Beneficiary					
Benefit Amount					
Premium					
Cash Value (if applicable)					

Insurance - Notes

LIABILITIES

Liabilities (Credit Cards, Loc, Student Loans, ...etc. For Mortgages - See Property>Real estate)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Connection Available? (Yes/No)				
Loan Type				
Original Loan Amount				
Date of Loan				
Current Balance				
Balance as of Date				
Interest Rate				
Number of Payments				
Payment Frequency**				
Repayment Type†				
Payment				
Paid off at Death of (Client, Spouse, First to Die)				

*Loan Type: Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other
†Repayment Type: Principal and Interest, Interest Only

**Payment Frequency: Monthly, Quarterly, Semi-Annually, Annually

Liabilities - Notes

SALARY, SOCIAL SECURITY & OTHER INCOME

Salary & Bonus

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Annual Amount				
Self Employed? (Yes/No)				
Guaranteed through death? (Yes/No)				
Starts				
Ends				

Social Security

	CLIENT	SPOUSE
Benefit Begins at Age		
Full Retirement PIA		
Years Employed		
Last Year Employed		
Highest Salary Earned		

Are you currently taking Disability Benefits? Yes No

Amount _____

Are you currently taking Surviving Spouse Benefits? Yes No

Amount _____

SALARY, SOCIAL SECURITY & OTHER INCOME

Deferred Income

	CLIENT	SPOUSE
Owner (Client, Spouse, Joint, etc.)		
Type*		
Annual Amount		
Starts**		
Ends†		

Type: Pension, Deferred Comp, Other Deferred **Starts: Retirement, At Death, Calendar Year, etc.
†Ends: Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration

Other Income

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Other Income Name				
Type*				
Tax Treatment**				
Annual Amount				
Self-Employment (Yes/No)				
Guaranteed (Yes/No)				
Starts (Retirement, at Death, Calendar Year, etc.)				
Ends (Calendar Year, Client or Spouse Retirement, Client or Spouse Death, At First Death, Duration)				

*Type: Business Distribution, Partnership Distribution, Real Estate, Trust, Other.
**Tax Treatment: Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable

Income - Notes

EXPENSES

Living Expenses Worksheet Living expenses SHOULD NOT include mortgage, loan or other liability payments entered in the Liability section of the Fact Finder.

DESCRIPTION	TYPE*	DISCRETIONARY? (YES/NO)	CURRENT AMOUNT	SEMI-RETIREMENT ACCOUNT	RETIREMENT AMOUNT	4 ADVANCED YEARS AMOUNT
TOTAL						

*Type: Basic, Medical, Property Taxes, etc.

If you run out of money for expenses, which account would you like to pull from first?

Client's Living Expenses in Event of

Spouse's Death before Retirement

Spouse's Death in Retirement

Spouse's Living Expenses in Event of

Client's Death before Retirement

Client's Death in Retirement

Other Expenses Outside of Base Living Expenses

EXPENSE NAME	TYPE*	ANNUAL AMOUNT	DEDUCTIBLE TYPE**	STARTS	ENDS	OCCURS EVERY X YEARS

*Type: Wedding, Retirement, home, etc. **Deductible Type: Basic, Medical, Property, Taxes, Discretionary, etc.

Expenses - Notes

EDUCATION

Education

Education for						
Expense Type						
Starts						
Ends						
Institution						
State						
Funding Sources						
Grant						
Scholarship						
College Savings Account						
Other Outside Funds						
Annual Room & Board Expenses						
Other Annual Expenses						

*Expense Type: Grade School, High School, College, et al.

YEAR END SAVINGS

Savings to NQ Accounts or IRAs?

	1	2	3	4
Annual Amount				
Destination Account				
Starts				
Ends				
Exempt from Withdrawal Penalty (Yes/No)				
IRA Contribution (Fixed, Maximum)				

Year-End Savings

How should excess Cash Flow be handled for ALL years?: Save 100% Spend 100%

Custom Save % Spend %

If "Save" is Checked above specify Destination Accounts

Asset	Weight %

Buy/Sell Transactions

Are you planning on selling an asset or property in the future?: Yes No

If yes, when are you planning to sell the asset or property? _____

Where do proceeds go from sale of asset or property? _____

Are you planning on buying an asset or property in the future?: Yes No

If yes, when are you planning to buy the asset or property? _____

What funds do you plan to use to buy asset or property? _____

WILLS & GIFTING

Trusts & Partnerships

Do you have existing trusts? Yes No
If yes, please attach trust documents.

Are your assets in a revocable living trust? Yes No
If yes, please attach trust documents.

Do you have a will? Client Yes No Spouse Yes No
If yes, please attach a copy of will.

Planned Gifts

	1	2	3	4
Use Maximum Annual Gift Tax Exclusion (Yes/No)				
Type*				
Dollar Amount or Percent				
Gift Funded By				
Grantor (Client/Spouse)				
Recipient				
Exclusion Amount				
Starts**				
Ends†				

*Type: Dollar Amount or Percent of Asset
**Starts: Retirement, At Death, Calendar Year, etc.
†Ends: Retirement, At Death, Calendar Year, etc.

Wills & Gifting - Notes

RISK TOLERANCE QUESTIONNAIRE

Take a few minutes to complete this short questionnaire, which will create a recommended portfolio with the appropriate mix of assets. The score reflects the level of risk you're willing to take in your investment decisions.

1. If you own a home, do you have more than 30% equity? Yes No I do not own a home

2. Which of the following best describes your current employment status?
 Full-Time Part-Time Retired Unemployed

3. From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%. Which best describes your response?
 I would look for a way to invest more
 I would take no action
 I would be somewhat concerned
 I would avoid any investment that could suddenly lose 15% of its value

4. Your portfolio from the previous question, now worth \$21,250, suddenly declines another \$2,125 or 10%. Which best describes your response?
 I would look for a way to invest more
 I would take no action
 I would be somewhat concerned
 I would never have made this investment.

5. Have you invested in Equities? Yes No

6. Have you invested in Fixed Incomes? Yes No

7. Have you invested in Mutual Funds? Yes No

8. Have you invested in Options, Futures, or Derivatives? Yes No

9. How would you describe your investment knowledge?
 None
 Limited
 Good
 Extensive

10. How much investment experience do you have?
 None
 Limited (1 to 3 years)
 Good (4 to 5 years)
 Extensive (more than 5 years)

11. Do you have current income needs from your investments? Yes No

12. When will you begin to use your invested funds?
 Less than 2 years
 2-5 years
 6-10 years
 More than 10 years

VAULT CHECKLIST

LEGAL DOCUMENTS

- Wills
- Deeds
- Revocable & Irrevocable Trusts
- Power of Attorney
- Codicils (Supplements made to a Will)
- Living Wills/Health Directives
- Prenuptial Agreements
- Buy/Sell Agreements
- Contracts

BENEFITS

- Social Security Info
- Veteran's Administration Info
- Employment Benefits

INSURANCE POLICIES

- (Life, LTD, Disability, Medical, Car, Property)

BANK & INVESTMENT STATEMENTS

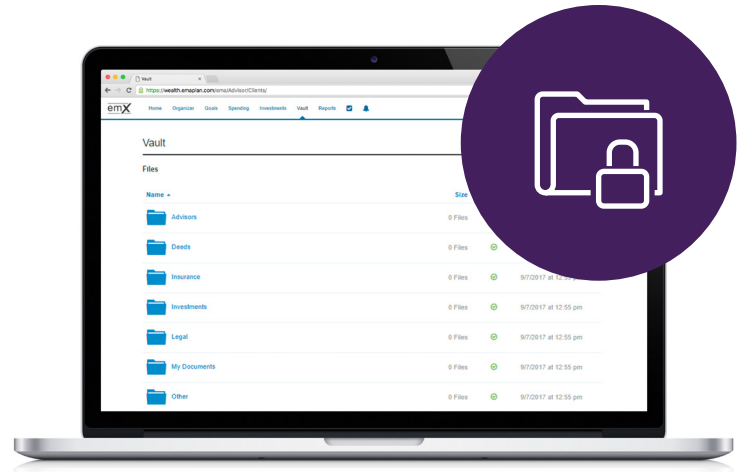
- Pensions, IRAs, Annuities, etc.
- Investment Accounts
- Stock Options/Certificates

LIABILITIES

- List of Credit Cards with Contact Information
- Mortgages
- Loans

TAXES

- Tax Returns
- W-2 Forms



IDENTIFICATION

- Birth Certificates
- Drivers Licenses
- Passports
- Social Security Cards

FAMILY

- Adoption Papers
- Medical Records
- Marriage License
- Pictures
- Audio Files
- Video Clips

PROPERTY

- Titles to Homes, Autos, Boats, etc.
- Warranties

PROFESSIONAL CONTACTS

Name _____ Relationship _____

Phone _____ Email _____

Name _____ Relationship _____

Phone _____ Email _____