

FACT FINDING DATA SHEET

CLIENT NAME: _____
Home Address: _____
City/State/Zip: _____
Occupation: _____
Employer: _____
Business Address: _____
City/State/Zip: _____

Today's Date: _____

Birth Date: _____

Soc. Sec. No.: _____

Home Phone: () _____

Mobile Phone: () _____

Email: _____

Email (Alt.): _____

Business Phone: () _____

Wedding Anniv.: _____

CO-CLIENT NAME: _____
Occupation: _____
Employer: _____
Business Address: _____
City/State/Zip: _____

Birth Date: _____

Soc. Sec. No.: _____

Mobile Phone: () _____

Email: _____

Business Phone: () _____

AREAS OF FINANCIAL CONCERN:

- Cash Flow & Budgeting College Planning Investment Advice
- Tax Planning Retirement Planning Estate Planning
- Insurance Review Other _____

WHAT YOU EXPECT TO ACCOMPLISH THROUGH FINANCIAL PLANNING:

MAJOR DISCRETIONARY EXPENDITURES (NEXT THREE YEARS:)

CHILDREN SHEET

Please list your children in birth order

CHILD(1): Name: _____ Birth Date: _____
Home Address: _____ Soc. Sec. No.: _____
City/State/Zip: _____ Occupation: _____
Marital Status (*check one*) Married Single Separated Divorced
Spouse's Name: _____ Birth Date: _____
Grandchildren: _____ Birth Date: _____
_____ Birth Date: _____
_____ Birth Date: _____
Any special issues relating to this child or his/her children? Yes/No If yes, briefly describe:

CHILD(2): Name: _____ Birth Date: _____
Home Address: _____ Soc. Sec. No.: _____
City/State/Zip: _____ Occupation: _____
Marital Status (*check one*) Married Single Separated Divorced
Spouse's Name: _____ Birth Date: _____
Grandchildren: _____ Birth Date: _____
_____ Birth Date: _____
_____ Birth Date: _____
Any special issues relating to this child or his/her children? Yes/No If yes, briefly describe:

CHILD(3): Name: _____ Birth Date: _____
Home Address: _____ Soc. Sec. No.: _____
City/State/Zip: _____ Occupation: _____
Marital Status (*check one*) Married Single Separated Divorced
Spouse's Name: _____ Birth Date: _____
Grandchildren: _____ Birth Date: _____
_____ Birth Date: _____
_____ Birth Date: _____
Any special issues relating to this child or his/her children? Yes/No If yes, briefly describe:

CHILD(4): Name: _____ Birth Date: _____
Home Address: _____ Soc. Sec. No.: _____
City/State/Zip: _____ Occupation: _____
Marital Status (*check one*) Married Single Separated Divorced
Spouse's Name: _____ Birth Date: _____
Grandchildren: _____ Birth Date: _____
_____ Birth Date: _____
_____ Birth Date: _____
Any special issues relating to this child or his/her children? Yes/No If yes, briefly describe:

ADDITIONAL INFORMATION SHEET

Do you have any deceased children? _____

Are any of your children adopted? _____

Were you or your spouse married before? _____

Please provide details of marriage termination(s) on a separate sheet of paper.

Were there any children born of these prior marriage(s)? Please provide details.

Have you and your spouse entered into a prenuptial agreement? _____

Do you have any children by other persons? _____

Is anyone dependent on you for support other than children listed? _____

Do you support your parents financially? _____

Do you or your spouse have any risky hobbies? _____

Health Status (Discuss potential problem areas):

Client _____

Co-Client _____

Child (1) _____

Child (2) _____

Child (3) _____

Child (4) _____

Professional Relationships:

Attorney: _____

Tel: () _____

Do you consider your relationship with this professional "**close**" or "**distant**"? (Circle one)
Would you like to retain this professional?
Retain or **Doesn't Matter** (Circle one)

Insurance Agent:

Tel: () _____

Do you consider your relationship with this professional "**close**" or "**distant**"? (Circle one)
Would you like to retain this professional?
Retain or **Doesn't Matter** (Circle one)

Tax Preparer: _____

Tel: () _____

Do you consider your relationship with this professional "**close**" or "**distant**"? (Circle one)
Would you like to retain this professional?
Retain or **Doesn't Matter** (Circle one)

Investment Counselor:

Tel: () _____

Do you consider your relationship with this professional "**close**" or "**distant**"? (Circle one)
Would you like to retain this professional?
Retain or **Doesn't Matter** (Circle one)

INVESTMENTS AND INCOME SHEET

How active do you want to be in managing your investments? _____

What investments would you not consider in attaining your financial objectives?

To what degree would you alter your current lifestyle to attain your financial objectives?

Investment Risk Tolerance: ___ Low ___ Low-to-Moderate ___ Moderate ___ Moderate-to-High ___ High

Describe your retirement plan(s) at work: _____

PROJECTED INCOME

	Current Year	Next Year	The Following Year
CLIENT	_____	_____	_____
CO-CLIENT	_____	_____	_____

FINANCIAL CONCERNS

1 = Very Low 10 = Very High

___ Inflation	___ Liquidity
___ Income	___ Safety
___ Taxes	___ Family Benefit

CLOSELY-HELD BUSINESS

Briefly describe your ownership interest in any businesses.

What is the business form: ___ C Corp ___ Sub S Corp. ___ Partnership ___ Proprietorship

Discuss involvement of other significant owners, partners, etc.

Is there a Buy-Sell Agreement in place? ___ Yes ___ No

With which bank(s) do you do business? _____

Please provide a recent financial statement for each business in which you or your spouse is involved.

ESTATE PLANNING SHEET

CLIENT

CO-CLIENT

Year

Year

Will

Revocable Trust

Durable Power of Attorney

Living Will

Durable Power of Attorney for Health Care

(Health Care Proxy)

Who are the executors and alternate executors in your wills?

Primary

Alternates

CLIENT

CO-CLIENT

Who will be the guardians of your children if both parents are deceased?

Primary

Alternates

CLIENT

CO-CLIENT

Special will provisions?

Who would you like to benefit upon your death? Include details of secondary and tertiary beneficiaries.

Do you expect to benefit any charities upon your death?

Do you have a safe deposit box? No Yes

Location:

NET WORTH STATEMENT

ASSETS

LIQUID ASSETS (Cash or Cash Equivalents)

Checking	_____
Checking	_____
Savings	_____
Savings	_____
US Savings Bonds	_____
Life Insurance Cash Value	_____
_____	_____
_____	_____
	Total Liquid Assets _____

INVESTED ASSETS (Non-retirement Stocks, Bonds, Mutual Funds)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total Invested Assets _____

TAX-DEFERRED ASSETS (Retirement Assets)

401(k)	_____
401(k)	_____
403(b) TSA	_____
403(b) TSA	_____
IRA	_____
IRA	_____
IRA	_____
IRA	_____
Annuity Co. _____	_____
Annuity Co. _____	_____
	Total Tax-Deferred Assets _____

PERSONAL USE ASSETS

Principal Residence (Market Value)	_____
Automobile: Year/Model _____	_____
Automobile: Year/Model _____	_____
Furniture, Personal Possessions, Jewelry, Antiques	_____
_____	_____
	Total Personal Assets _____

Total Assets _____

Please complete Liabilities section on back

LIABILITIES AND NET WORTH

LIABILITIES

Mortgage - Principal Residence (Remaining Balance)	_____
Home Equity Loan (Current Balance)	_____
Mortgage - Second Home (Remaining Balance)	_____
Auto Loan (Approximate Current Balance)	_____
Auto Loan (Approximate Current Balance)	_____
Boat Loan (Approximate Current Balance)	_____
Student Loan (Approximate Current Balance)	_____
Student Loan (Approximate Current Balance)	_____
Personal Loan (Approximate Current Balance)	_____
Personal Loan (Approximate Current Balance)	_____
Credit Card Balance (if not paid in full monthly)	_____
Credit Card Balance (if not paid in full monthly)	_____
_____	_____
_____	_____
	Total Liabilities <u>_____</u>

NET WORTH (Total Assets - Total Liabilities) _____

GOALS & OBJECTIVES WORKSHEET

DEFINITIONS:

- Goals: Goals are broad aims that do not have dollar amounts or dates associated with them. For example, buying a home or retiring comfortably.
- Objectives: Objectives are specific aims that have dollar amounts and a target date. For example, accumulating \$25,000 for a down payment on a home by September 2010.
- Weight: The weighting that you assign to a Goal/Objective reflects its importance to you. The sum of all weights must add to 100.

YOUR GOALS & OBJECTIVES:

Goal	Objective & Dollar Amount by Specific Date	Weight
TOTAL =		100