

FACT FINDER

Prepared For: _____

Date: _____

Household Information

Client Name: _____ Date of Birth: _____ Email: _____

Phone Numbers: _____
Home Cell Work

Marital Status: **Single** **Married** **Seperated** **Divorced** **Widowed**

Spouse Name: _____ Date of Birth: _____ Email: _____

Phone Numbers: _____
Home Cell Work

Address: _____

Dependents & Family

Name	Relationship	Date of Birth	Marital Status	Spouse Name	Date of Birth

Education Savings Goal

Name/ Savings Type	Purpose	Annual Amount	Target Start Date	Target End Date	Date of Birth

Income, Expenses, Liabilities & Goals

Income

	Owner	Annual Amount	Starts	Ends
Salary + Bonus		\$		
Salary + Bonus		\$		
Other		\$		
Other		\$		
Client Social Security		\$		
Spouse Social Security		\$		

Expenses

Current	Retirement	Desired Income in the Event of Death	
		Client's Death	Spouse Death
\$	\$	\$	\$

Liabilities

Mortgage/ Loans	Property	Original Balance	Current Balance	Interest Rate	Loan Term
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	
\$	\$	\$	\$	%	

Goals

Name	Total/ Annual Amount	Type	Starts	Ends	Monthly Savings
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$
	\$				\$

Client Expectations

What do you think is reasonable?

	Retirement Age	Life Expectancy	Pre-Retirement Growth Rate	Post-Retirement Growth Rate
Client			%	%
Spouse			%	%

Retirement Accounts (IRA's, Roth's & Deferred Comp)

Account Type/ Name	Custodian	Current Value	Monthly Contribution	Owner
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Annuities

	Policy 1	Policy 2	Policy 3
Policy Owners(s)			
Annuitant(s)			
Beneficiary(s)			
Purpose of Policy			
Policy Number			
Tax Qualification			
Policy Type (Fixed, Immediate, Variable, Fixed Indexed)			
Current Account Value	\$	\$	\$
Current Surrender Value	\$	\$	\$
Current Death Benefit	\$	\$	\$
Policy Features			

Non-Retirement/Cash Accounts

Account Type/ Name	Custodian	Current Value	Monthly Contribution	Owner
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Business

Business Interests

Business Name Type	Current Value	Owner
	\$	
	\$	
	\$	
	\$	
	\$	

Identify

1. What is the business entity?

- Sole proprietorship
- LLC
- LP/LLC
- General Partnership
- S-corp
- C-corp

2. Have you had a business valuation?

- Yes (if yes, go to 3)
- No (if no, go to 6)

3. When was the valuation

- <1 year
- 1-2 years
- >2 years

4. Who provided the valuation?

- CPA
- Investment Banker
- Certified Valuation Professional
- Business Broker
- Other _____

5. What Value was determined? _____

6. What were gross sales last fiscal year? _____

7. What was EBITDA last fiscal year? _____

8. Does your business sponsor a retirement plan?

- Yes
- No

Protect

1. Do you have insurance for business purposes?

- Yes (if yes, go to 2)
- No (if no, go to 4)

2. What type of insurance is in place?

- Buy/Sell
- Key Person
- Split Dollar
- Deferred Compensation
- Other

3. When was the current insurance last viewed?

- <1 year
- 1-2 years
- >2 years

4. Would business be able to continue without you?

- Yes
- No

5. Is there a written plan in place if something unforeseen occurs?

- Yes
- No

6. Are you confident that your compensation and benefit packages are competitive in recruitment?

- Yes
- No

7. Are there any employees so valuable you would take action to keep them?

- Yes
- No

Harvest

1. When do you plan to exit your business?

- 1-2 years
- 3-5 years
- 5-10 years
- > 10 years

2. Is there written business succession plan in place?

- Yes
- No

3. Have you discussed your plan with the other parties involved?

- Yes
- No

4. Do you have a plan for yourself post-transition?

- Yes
- No

Manage

1. What percentage of your net worth is comprised of your business's value?

- <25%
- 25-50%
- 50-75%
- > 75%

2. Do you have a plan to monetize your business's value?

- Yes
- No

3. Do you need your business to maintain your current standard of living?

- Yes
- No

4. Do you have a personal estate plan?

- Yes
- No

5. Do you have a personal legacy plan?

- Yes
- No

Personal Insurance

Life Insurance

Business Name Type	Policy 1	Policy 2	Policy 3
Owner			
Insured(s)			
Beneficiary(s)			
Purpose of Policy			
Policy Number			
Carrier			
Policy Type (Term, UL, WL, Var.)			
Current Death Benefit			
Current Cash Value	\$	\$	\$
Annual Premium	\$	\$	\$
Years to Pay Premium			
Years of Death Benefit Left			

Long-Term Care Insurance

	Policy 1	Policy 2	Policy 3
Policy name			
Policy Features			
Insured			
Benefit Amount/ Frequency			
Annual Premium	\$	\$	\$

Disability Insurance

	Policy 1	Policy 2	Policy 3
Policy name			
Policy Features			
Insured			
Benefit Amount/ Frequency			
Annual Premium	\$	\$	\$
Is Benefit Taxable?			

Property & Casualty

	Policy 1	Policy 2	Policy 3
Coverage			
Carrier			

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Estate Planning

Revocable Trusts

Trust Names	Do assets pass through Revocable Trust to avoid probate?	If Yes what percent?
		%
		%
		%
		%
		%

Irrevocable Trusts

Type	Trust	Trustees	Purpose

Wills

	Client		Spouse	
	Yes	No	Yes	No
Credit Shelter Trust Utilized for Client?				
Charitable Bequest (\$)	\$			
Specific Bequest to Heirs(\$)	\$			
Remaining Estate goes to: (Spouse/Heirs)	Spouse	Heirs	Spouse	Heirs

Additional Documents

	Client		Spouse	
	Yes	No	Yes	No
Durable Power of Attorney				
Medical Power of Attorney				
Advanced Directive / Living Will				
Guardianship for minors				
Guardianship for special needs				

Other Notes

VAULT CHECKLIST

PROTECT YOUR IMPORTANT DOCUMENTS



Prepared For: _____

Date: _____

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

Insurance Policies

- Life
- Long-Term Care
- Disability
- Medical
- Vehicle
- Home
- Renters
- Umbrella

Property

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

Liabilities

- Mortgages
- Loans

Taxes

- Tax Returns

Benefits/Entitlements

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

RISK TOLERANCE QUESTIONNAIRE

1. **If you own a home, do you have more than 30% equity?**
No
Yes
2. **Which of the following best describes your current employment situation?**
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 it's 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 probably sell
I would have never made this investment
5. **Have you invested in Equities?**
No
Yes
6. **Have you invested in Fixed Income?**
No
Yes
7. **Have you invested in Mutual Funds?**
No
Yes
8. **Have you invested in Options, Futures or Derivatives?**
No
Yes
9. **How would you describe your level of investment knowledge?**
None
Limited
Good
Extensive
10. **How much investment experience do you have?**
None
Limited (1 to 3 years)
Good (3 to 5 years)
Extensive (>5 years)
11. **Do you have current income needs from this investment?**
No
Yes
12. **When will you begin to use the money from your goal?**
Less than two years
Two to five years
Five to 10
More than 10 years