# Discovery Packet



The information in these documents is crucial to the fact-finding process, and planning cannot begin until you have provided us with all the appropriate information. The quality of information provided will directly affect the quality of your planning experience. Please bring the following to our initial meeting.

#### Taxes and Income

- Most recent federal and state income tax returns
- Social Security statement
- Recent pay stubs
- Employee benefits summary or handbook

#### **Accounts**

- Current banking, mortgage, home equity line of credit, auto and education loan statements
- Current investment statements (brokerage accounts, mutual funds and Health Savings Accounts)
- Current retirement plan statements (401(k), 403(b), SEP IRA, etc.)
- Your child(ren)'s 529 and/or UTMA statements

#### Insurance

- Life
- Disability
- Long Term Care
- Beneficiary Information

#### **Estate Documents**

- Wills
- Trusts
- Powers of Attorney
- Health Care Directives
- Beneficiary Information

To be respectful of everyone's time, and to maximize your benefit from the time we spend together, please complete this Fact Finder and return it to Kingdom Legacy Advisors **two** weeks prior to your initial financial planning meeting.

### 1. Tell us about yourself.

	Client 1			Client 2		
Legal name						
Preferred name						
Date of birth	Month	_/	_/ 	Month	/ Day	_/ 
Marital status	Single Divorced	Married Separated	Common-Law Widowed	Single Divorced	Married Separated	Common-Law Widowed
Social security # / Citizenship						
Employer						
Employer address						
Occupation/title						
Gross salary	\$	per_		\$	per_	
Bonus/stock options	\$	per_		\$	per_	
Pension	\$	per_		\$	per_	
Social security	\$	per_		\$	per_	
Investment income	\$	per_		\$	per_	
Spousal support obligation	\$	per_		\$	per_	
Cell phone						
Home phone						
Business phone						
E-mail address						
Legal address						
Other address						
Target retirement date						
Tell us about your hobbies, interests, charities, etc.						

### 2. Your children

	Child 1	Child 2	Child 3	Child 4	Child 5
Legal name					
Date of birth					
Social security number					
Student	Yes No				
Marital status					
Estimated years in school					
Estimated start date					
Annual cost in today's \$					
Notes (Spouse name, school, residence, occupation, etc)					

### 3. Your grandchildren

Name	Parent	Date of birth/age	Student		Marital status	Notes
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

## 4. Your professional advisors

	Client 1		Client 2		
Lawyer // phone number email address					
Accountant // phone number email address					
Life insurance advisor // phone number email address					
Property casualty insurance advisor phone number // email address					
Other; please specify // phone number email address					
Other; please specify // phone number email address					
Do you have a Will	Yes	No	Yes	No	
Do you have a Trust	Yes	No	Yes	No	
Do you have Powers of Attorney	Yes	No	Yes	No	
Do you have a Health Care Directive	Yes	No	Yes	No	

### 5. Your assets

Real estate							
Owner(s)	Description	Purchase amount	Purchase date	Current market value			

#### Investments/Accounts

- I have included recent statements for investments from all sources OR
- See following table. Include cash/checking certificates of deposit, contracts for deed, fixed and variable annuities, individual stocks, mutual funds, IRA assets, 401(k) assets, stock options, business interests, investment real estate, personal assets and other assets

Owner(s)	Registration type	Current market value	Cost basis (if known)	Ongoing contribution	Income distributions

### 6. Liabilities • Please complete table or attach statements

Liabilities	Client 1	Client 2	Joint
1st Mortgage			
2nd Mortgage			
Auto Loans			
Insurance Policy Loans			
Education Debt			
Other Debt			
Total Liabilities			
Net Worth			

Monthly or annual spending estimate: \$

### 8. Defined benefit pension

	Client 1		Client 2		
Retirement age					
Income					
Reduced by		At age		At age	
Inflation indexed					
Current death benefit					
Beneficiary					

Notes / Specific questions or concerns