



Fact Finder



Coordinate Your Financial Life

CLIENT INFORMATION

Tell Us About Yourself and Your Family:

Client 1:

Client 2:

Legal Name _____

Preferred Name _____

Home Address _____

City, Zip, State _____

Home Phone _____

Cell Phone _____

Email Address _____

D.O.B / Age _____

SS PIA # _____

Marital Status Single Married Divorced

Pets: _____

Anniversary Date Widow(er) Partnership

____/____/____

Issued

Expires

Drivers License Client 1 _____

Client 2 _____

Previously Married? _____

How many years? _____

To whom are we permitted to speak with: _____

Children and other dependents:

Name _____

Relation _____

DOB _____

Dependent Y/N _____

Email _____

Phone _____

Residents _____

Number of Children _____

Medical

Do you have any group or individual medical coverage (HMO, PPO, Medicare Supplement or Major Medical)?

	Client 1	Client 2
Company		
Copay / Deductible / Network	/ /	/ /
Vision and Dental	/	/
Rx Plan		
Premium		
Cancer / Critical Illness Ins.		
Disability		

How long could you live on your assets if you were to suffer a critical illness or disability tomorrow? _____

55 and older LTC/ 54 and under DI

Owner	Company	Eliminated Period	Daily Benefit	Cash To You (Homecare)	Benefit Period	Effective Date	Premium
Client 1							
Client 2							

If no long-term care Insurance or DI:

Have you ever looked into it? _____

Why did you look into it? _____

If it was important enough for you to look into, what prevented you from moving forward? (If price, how much was it?) _____

What role do you see your children playing when it comes to your LTD/Disability needs?

Life Insurance

Let us analyze your current insurance program:

Life Insurance

With what companies do you own personal, permanent life insurance? Group Insurance? Term?

Insured	Company	Face Amount	Policy Date	Cash Value	Premium	Living Benefits	Type

Total life Insurance In Force:

Client 1: \$ _____
 Client 2: \$ _____

Total Premiums:

Client 1: \$ _____
 Client 2: \$ _____

What were the expectations of the policies when you took them out? _____

What, if anything, has changed since purchase? _____

On a scale of 1-10, how important is it for you to pass on your legacy without leaving a tax burden for your beneficiaries?

Client 1: 1 2 3 4 5 6 7 8 9 10
 Client 2: 1 2 3 4 5 6 7 8 9 10

When was the last time you did a thorough review of your life insurance policy?
 Client 1: _____
 Client 2: _____

Do you have a will / trust?
 Client 1: _____
 Client 2: _____

Is it revocable or irrevocable? _____
 If so, what was the purpose for setting this up? _____

Power of Attorneys? _____ If yes, we will need copies

Expenses

Tell us about your expenses:

Mandatory monthly expenses? _____

Discretionary expenses? _____

On a scale from 1-10, how important is saving your child or grandchildren's education?

1 2 3 4 5 6 7 8 9 10

Do you currently have such a plan in place? _____

Can you provide us with your budget? _____

Monthly Rent \$ _____ Monthly Mortgage Payment \$ _____

If Homeowner:	
Original Mortgage Amount	\$ _____
Interest Rate	_____ %
Original Mortgage Term	_____ Years
Years remaining on mortgage	_____ Years
Current mortgage balance	\$ _____
Current market value	

Additional Real Estate

Paid Off Yes/No	City / State	Current Market Value	Mortgage Payment	Years orig./Rem	%	Income Property Yes/No	Mortgage orig./Rem
Y N						Y N	/
Y N						Y N	/
Y N						Y N	/

Is liquidating some or all of your real estate assets part of your retirement strategy or have they been designated for legacy goals? _____

Income

Primary Income (Earned)	Client 1	Client 2
Your Employer		
Occupation/Duties		
Years in current occupation		
Annual Income		
How do you feel about your Current career and benefits?		
Do you anticipate any Employment changes?		

Other Income (Passive)	Client 1	Client 2
Pension Income		
Percentage of Survivorship		
Social Security / Age Started	/	/
Alimony		
Any other income		
Any other income		

Is income fairly uniform and reliable? _____

What is your current tax bracket? _____

Approximate gross household Income: _____ / Month

Approximate household living expenses: + _____ / Month

Disposable Income (line 1 minus line 2): = _____ / Month

Profession	Name	Email Address	Phone
Estate			
CPA			
Attorney			
Broker			

Retirement

Tell us about your financial situation:

Retirement (IF still employed)

Are you saving money each month? If so, how much and where?

Client 1: _____/_____ Client 2: _____/_____

Are you contributing on a regular basis to a retirement plan such as a 401K, 403b, IRA, pension or deferred compensation plan?

Client 1: _____ If so, how much? (% of salary) _____%

Client 2: _____ If so, how much? (% of salary) _____%

Does your employer match a certain? _____%

At what point do you expect to start taking distributions from your account(s)?

Client1: Age _____ Client 2: Age _____

Would you consider a safe withdrawal rate in retirement? _____% (in percentage)

What is your most important personal or financial goal? _____

What would you consider your most valuable possession? _____

What is your biggest financial fear? _____

On a scale of 1-10, what is your risk tolerance?

Client 1: 1 2 3 4 5 6 7 8 9 10

Client 2: 1 2 3 4 5 6 7 8 9 10

	Client 1	Client 2
What age do you wish to retire?		
What is your ideal income for retirement?		
What is your current distribution strategy?		
When did you last review your Social Security benefits statement? If not recent, Visit www.SocialSecurity.gov		

Assets

Bank Accounts Please indicate if it is Joint or Single	Client 1	Client 2
Checking		
Savings		

Certificate of deposit / Money market accounts

Owner	Bank	Int. Rate	Mature Date	Cash Value	Distributions

Stocks / Bonds / Mutual Funds	Client 1	Client 2
Company		
Account Type (401K, IRA, 457b)		
Qualified, Non, Or Roth		
Account Value		
Monthly Contributions		
Effective Date / Mature Date	/	/
Rate of Return / Fees		
Distributions		

Continued

Annuities	Client 1	Client 2
Company		
Account type		
Qualified, Non , Roth		
Account value (401K, IRA, 457b)		
Monthly Contributions		
Effective Date / Mature Date		
Cash Value		
Rate of Return		
Distributions		

Are there any other retirement accounts that we might have missed? _____

Financial Situation And Options

	YES	UNSURE	NO
1. I have clearly defined goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know how much money I will need to reach my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am confident that I am saving enough to reach my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am sure I won't outlive my money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am confident that I have minimized my income taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel comfortable with my level of debt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know exactly where my money goes each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am saving at least 10% of my income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am happy with the home I own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have a well-defined investment strategy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am confident that my investment expenses are reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I understand how each of my investments fits into my strategy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am sure I react appropriately to declines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I clearly understand my company retirement plan and benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The various financial aspects of my life are well-coordinated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever worked with a financial professional? _____

What was that experience like? _____

If you could create your ideal financial professional, what would be your expectations of them be?

Case design team recommendation:

Retiree

Pre-Retiree

ELV

Entered into RA: _____

Case design team attendees: _____
