

CONFIDENTIAL FACTFINDER



PERSONAL INFORMATION

Individual 1 _____ Date of Birth: ___/___/___ Social Security # _____

Individual 2 _____ Date of Birth: ___/___/___ Social Security # _____

Child Name(s)	D.O.B.	Spouse's Name	Ages of Grandchildren
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____
_____	___/___/___	_____	_____

Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Business/Cell Phone(s) _____

Email Address(s) _____

ADVISORS

Estate Planning Attorney

(Name) (Address) (Phone) (# of Years) (How Satisfied)

Investment Advisor

(Name) (Address) (Phone) (# of Years) (How Satisfied)

Accountant

(Name) (Address) (Phone) (# of Years) (How Satisfied)

Life Insurance Agent

(Name) (Address) (Phone) (# of Years) (How Satisfied)

Property & Casualty Agent

(Name) (Address) (Phone) (# of Years) (How Satisfied)

The financial information being provided accurately describes my current situation (please sign below)

X _____ /___/___ X _____ /___/___
(Signature) (Date) (Signature) (Date)

OWNER KEY

Please use the following key to fill in the information below: **I1 = Individual 1**
I2 = Individual 2
JT = Joint with Spouse
TC = Tenants in Common **If Trust Owned, Please Specify**

ASSETS

(Use back of page if necessary.)

	Property Address	Cost Basis	Mortgage Balance	Approximate Value	Owner
1.	_____	\$ _____	\$ _____	\$ _____	_____
2.	_____	\$ _____	\$ _____	\$ _____	_____
3.	_____	\$ _____	\$ _____	\$ _____	_____
4.	_____	\$ _____	\$ _____	\$ _____	_____

OTHER

	Fair Market Value	Owner (Use Key)
a. Miscellaneous Personal (<i>art, jewelry, auto, furnishings</i>)	_____	_____
b. Other Non-Liquid (<i>limited partnership, notes receivable, deferred compensation, etc.</i>)	_____	_____
c. Business Interests	_____	_____

LIQUID ASSETS

NON-RETIREMENT

	Asset Value	Owner (Use Key)
a. Cash in Banks (<i>checking, money market</i>)	_____	_____
b. Certificates of Deposit	_____	_____
c. General Investments (<i>stocks, bonds, mutual funds</i>)	_____	_____
d. Tax-Deferred Annuities	_____	_____

RETIREMENT ASSETS

Please use the following key to fill in Plan Type: **IRA** **403(b)** **Keogh** **Pension** **401(k)** **SEP** **TSA**

	Plan Type (Use Key)	Investment Value	Annual Deposits	Owner (Use Key)	Beneficiary
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____

LIABILITIES

Payment	Current Balance	Original Value	Original Date	Interest Rate	Years Remaining	Monthly Payment
Home Mortgage	_____	_____	_____	_____	_____	_____
Vacation Home	_____	_____	_____	_____	_____	_____
Credit Card Debt	_____	_____	_____	_____	_____	_____
Auto Loans	_____	_____	_____	_____	_____	_____
Other Debts	_____	_____	_____	_____	_____	_____

INCOME

	Individual 1	Individual 2	Pension/Annuity % to Survivor
Gross Salary	_____	_____	_____
Social Security	_____	_____	_____
Pension Income	_____	_____	_____
Annuity Income	_____	_____	_____
Required Minimum Distributions from Retirement accounts	_____	_____	_____
Other Income	_____	_____	_____
TOTAL	_____	_____	_____

Please use the following key to fill in the information below:

WL = Whole Life
VL = Variable Life
SV = Survivorship Life
T = Term
UL = Universal Life

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Total Death Benefit	_____	_____	_____	_____	_____
Total Cash Value	_____	_____	_____	_____	_____
Premium Payment	_____	_____	_____	_____	_____
Insured	_____	_____	_____	_____	_____
Owner	_____	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____	_____
Type of Policy (Use Key)	_____	_____	_____	_____	_____
Date of issue	_____	_____	_____	_____	_____
Issuing Company	_____	_____	_____	_____	_____

FINANCIAL GOALS

What are your primary financial goals and objectives?
(List in order of importance)

ANTICIPATED ONE-TIME EXPENSES

	Amount	When
Home Renovations	<hr/>	<hr/>
College Expenses	<hr/>	<hr/>
Weddings	<hr/>	<hr/>
New Car	<hr/>	<hr/>
Other	<hr/>	<hr/>

ADDITIONAL QUESTIONS

Are you expecting any future inheritances?

Do you have any children/grandchildren or other family members with special needs or financially dependent on you?

Are you concerned about any of your children's marriages?

How important is it for you to preserve your estate for your children, grandchildren or other family members?

Do you own long-term care insurance?

How is your health? Do you have any significant medical conditions?

EXPENSE WORKSHEET *(Please provide monthly or annual expenses below)*

REAL ESTATE

Mortgage/Rent

House #1 _____

House #2 _____

Property Taxes

House #1 _____

House #2 _____

Maintenance

Landscaping _____

House Repairs _____

Condo Fees _____

Home Furnishings _____

Household Help _____

Waste Removal _____

Utilities

Electricity _____

Heating _____

Water _____

Cable/Internet _____

Telephone/Fax _____

Cell Phone _____

Other _____

TOTAL _____

AUTOMOBILE

Payments (Loan or Lease?)

Car #1 _____

Car #2 _____

Maintenance/Repair

Car #1 _____

Car #2 _____

Gasoline

Car #1 _____

Car #2 _____

Parking/Tolls

Car #1 _____

Car #2 _____

TOTAL _____

PERSONAL

Food at Home _____

Dining out _____

Clothing _____

Entertainment/Recreation

(movies, events, etc.)

Vacation/Travel _____

Subscriptions _____

Charitable Contributions _____

Hobbies/Lessons _____

Dry Cleaning _____

Gifts _____

Memberships/Dues _____

(country club, fitness, etc.)

Child Support _____

Childcare _____

Professional Fees _____

(tax prep, legal services, etc.)

Education _____

Pet/Vet Bills _____

Cash/Spending Money

TOTAL _____

INSURANCE PREMIUMS

Homeowner Insurance

House #1 _____

House #2 _____

Car Insurance

Car #1 _____

Car #2 _____

Medical Insurance

Life Insurance _____

Long-Term Care _____

Health _____

Disability _____

Dental Care/Insurance _____

Eye Care _____

Therapy Counseling _____

Rx Co-payments _____

TOTAL _____

SUMMARY OF EXPENSES

Total Real Estate _____

Total Personal _____

Total Automobile _____

Total Insurance _____

TOTAL EXPENSES _____

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

- Most recent investment statements *(Retirement and Non-Retirement)*
- Most recent personal tax return
- Most recent estate planning documents *(wills, trusts, etc.)*
- Insurance policy schedule pages *(life, auto, homeowners, umbrella)*