

**FACT FINDING DATA SHEETS**

Today's Date: \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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:

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**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:

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**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:

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**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:

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## 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

### FINANCIAL CONCERNS

1 = Very Low    10 = Very High

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

___ 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
	<u>Year</u>	<u>Year</u>
Will	_____	_____
Revocable Trust	_____	_____
Durable Power of Attorney	_____	_____
Living Will	_____	_____
Durable Power of Attorney for Health Care <i>(Health Care Proxy)</i>	_____	_____

Who are the executors and alternate executors in your wills?

	<u>Primary</u>	<u>Alternates</u>
CLIENT	_____	_____
CO-CLIENT	_____	_____

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

	<u>Primary</u>	<u>Alternates</u>
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)	_____
_____	_____
_____	_____
	<b>Total Liabilities</b> <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
<b>TOTAL =</b>		<b>100</b>