



CLIENT FACT FINDER (PAGE 1 OF 4)

FINANCIAL ADVISOR

DATE

PERSONAL AND FAMILY INFORMATION

| | Name | Date of Birth | Social Security No. |
|----------|----------------------|----------------------|----------------------|
| CLIENT | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SPOUSE | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CHILDREN | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

ADDRESS AND CONTACT INFORMATION

Street Address

City, State, Zip Phone

Email

PLANNING INFORMATION

Attorney Name Phone

Accountant Name

| | | |
|----------------|----------------------------|----------------------------|
| Client's Will | Type: <input type="text"/> | Date: <input type="text"/> |
| Spouse's Will | Type: <input type="text"/> | Date: <input type="text"/> |
| Client's Trust | Type: <input type="text"/> | Date: <input type="text"/> |
| Spouse's Trust | Type: <input type="text"/> | Date: <input type="text"/> |

EMPLOYMENT INFORMATION

| | CLIENT | | SPOUSE |
|---------------|----------------------|---------------|----------------------|
| Occupation | <input type="text"/> | Occupation | <input type="text"/> |
| Employer | <input type="text"/> | Employer | <input type="text"/> |
| Annual Income | <input type="text"/> | Annual Income | <input type="text"/> |
| Other Income | <input type="text"/> | Other Income | <input type="text"/> |



CLIENT FACT FINDER (PAGE 2 OF 4)

FINANCIAL INFORMATION

ASSETS

| | | |
|--------------------------|----|----------------------|
| Savings | \$ | <input type="text"/> |
| Investments | \$ | <input type="text"/> |
| IRA(S) | \$ | <input type="text"/> |
| Real Estate | \$ | <input type="text"/> |
| CDs | \$ | <input type="text"/> |
| Pensions | \$ | <input type="text"/> |
| Mutual Funds | \$ | <input type="text"/> |
| Annuities | \$ | <input type="text"/> |
| Other | \$ | <input type="text"/> |
| Total Assets | \$ | <input type="text"/> |
| Monthly Systemic Savings | \$ | <input type="text"/> |

LIABILITIES

| | | |
|--------------------------|----|----------------------|
| Mortgage(s) | \$ | <input type="text"/> |
| Auto Loans | \$ | <input type="text"/> |
| Student Loans | \$ | <input type="text"/> |
| Personal Loans | \$ | <input type="text"/> |
| Credit Cards | \$ | <input type="text"/> |
| Business Debt | \$ | <input type="text"/> |
| Other | \$ | <input type="text"/> |
| Total Liabilities | \$ | <input type="text"/> |
| Average Monthly Expenses | \$ | <input type="text"/> |

LIFE INSURANCE INFORMATION

| | | | |
|----------|----------------------|-------------|----------------------|
| Insured | <input type="text"/> | Policy Date | <input type="text"/> |
| Company | <input type="text"/> | Face Amount | <input type="text"/> |
| Policy # | <input type="text"/> | Premium | <input type="text"/> |
| Type | <input type="text"/> | Beneficiary | <input type="text"/> |

| | | | |
|----------|----------------------|-------------|----------------------|
| Insured | <input type="text"/> | Policy Date | <input type="text"/> |
| Company | <input type="text"/> | Face Amount | <input type="text"/> |
| Policy # | <input type="text"/> | Premium | <input type="text"/> |
| Type | <input type="text"/> | Beneficiary | <input type="text"/> |

| | | | |
|----------|----------------------|-------------|----------------------|
| Insured | <input type="text"/> | Policy Date | <input type="text"/> |
| Company | <input type="text"/> | Face Amount | <input type="text"/> |
| Policy # | <input type="text"/> | Premium | <input type="text"/> |
| Type | <input type="text"/> | Beneficiary | <input type="text"/> |



CLIENT FACT FINDER (PAGE 3 OF 4)

OTHER INSURANCE

P&C Expiration Dates Auto Other
 Homeowners

| | CLIENT | SPOUSE |
|------------------------------|----------------------|----------------------|
| Disability Insurance Benefit | <input type="text"/> | <input type="text"/> |
| Health Insurance | <input type="text"/> | <input type="text"/> |
| LTC Insurance | <input type="text"/> | <input type="text"/> |

PLANNING PRIORITIES

| | HIGH | MEDIUM | LOW | N/A |
|-------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Protecting Family's Lifestyle | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Protecting Income | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Providing Education Funds | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Implementing Savings Plan | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Planning for Retirement | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Protecting Assets for LTC Needs | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Planning for Business Succession | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Employee Retention | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Minimizing Estate Taxes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Lower Income Taxes | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Peace of Mind | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Assure Proper Disposition of Assets | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Increase Current Income | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



CLIENT FACT FINDER (PAGE 4 OF 4)

MEDICAL HISTORY / UNDERWRITING QUESTIONNAIRE

| | CLIENT | | SPOUSE | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| Build? | Height: <input type="text"/> | Weight: <input type="text"/> | Height: <input type="text"/> | Weight: <input type="text"/> |
| Ever use tobacco? | YES: <input type="text"/> | NO: <input type="text"/> | YES: <input type="text"/> | NO: <input type="text"/> |
| If yes, name type and frequency: | <input type="text"/> | | <input type="text"/> | |
| Current Medications If yes, list names and dosages: | <input type="text"/> | | <input type="text"/> | |
| Health Impairments? (Diabetes, Arthritis, Hypertension, High Cholesterol, etc.) If yes specify type of impairment, date diagnosed, and treatment: | <input type="text"/> | | <input type="text"/> | |
| Ever have a DUI? If yes, how many? When? | <input type="text"/> | | <input type="text"/> | |

FAMILY HISTORY

| CLIENT | Medical Conditions | Age at Onset | Age, if living | Cause of Death | Age at death |
|----------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Father | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Brothers | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sisters | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SPOUSE | Medical Conditions | Age at Onset | Age, if living | Cause of Death | Age at death |
| Father | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Brothers | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sisters | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |