

# Financial Fact Finder



Our fact-finding process involves discussing your goals, gathering appropriate information, designing solutions, and delivering a suitable plan to help you reach your goals.

## Some basic information about you:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Date

\_\_\_\_\_  
 Street Address City State Zip Code

\_\_\_\_\_  
 Contact Number E-mail

\_\_\_\_\_  
 Occupation Employer

Spouse Prefix: Mr. Mrs. Ms. Dr.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_  
 Contact Number E-mail

\_\_\_\_\_  
 Occupation Employer Income

## Dependents

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Date of Birth

**Household Investments:** Please include all non-qualified investments such as bank accounts, brokerage accounts, and investment holdings and indicate the annual contribution you plan to make to each.

|           | Personal Assets | Owner | Value | Annual Contribution | Opportunity |
|-----------|-----------------|-------|-------|---------------------|-------------|
| Savings   | _____           | _____ | _____ | _____               | _____       |
| CDs       | _____           | _____ | _____ | _____               | _____       |
| Brokerage | _____           | _____ | _____ | _____               | _____       |

**Household Retirement Assets:** Please include all qualified investments such as IRAs/Roth IRAs, 401(k), 457, and SEP accounts and indicate your annual contribution to each and contributions from your employer.

| Retirement Assets | Owner | Value | Annual Contributions | Opportunity |
|-------------------|-------|-------|----------------------|-------------|
| _____             | _____ | _____ | _____                | _____       |
| _____             | _____ | _____ | _____                | _____       |
| _____             | _____ | _____ | _____                | _____       |
| _____             | _____ | _____ | _____                | _____       |

**Household Insurance**

Please list the insurance policies currently in force. If you have copies of the latest statements or declaration pages, you do not need to complete this section.

Life Insurance includes Group, Term, Whole Life, Universal Life, Variable, or other custom policies.

|                | Policy 1 | Policy 2 | Policy 3 | Policy 4 | Opportunity |
|----------------|----------|----------|----------|----------|-------------|
| Life Insurance | _____    | _____    | _____    | _____    | _____       |
| Insured        | _____    | _____    | _____    | _____    | _____       |
| Beneficiary    | _____    | _____    | _____    | _____    | _____       |
| Face Amount    | _____    | _____    | _____    | _____    | _____       |
| Annual Premium | _____    | _____    | _____    | _____    | _____       |
| Cash Value     | _____    | _____    | _____    | _____    | _____       |

**Estate Planning**

Do you have a will? If yes, when was it updated last?  
 Do you have a trust? If yes, what type of trust?

**Property & Casualty**

Do you have homeowner’s insurance? If yes, what is it?  
 Do you have auto insurance? If yes, what type?

Are there any recent life events you have experienced? Have you recently purchased a home, do you have a teenager who just received their driver’s license, have you moved, or have you purchased a new car?