

**FACT FINDING DATA SHEETS**

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

**CLIENT NAME:** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Wedding Anniversary \_\_\_\_\_  
Employer: \_\_\_\_\_ E-Mail Addr \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

**CO-CLIENT NAME:** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Occupation: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Employer: \_\_\_\_\_ E-Mail Addr \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

**AREAS OF FINANCIAL CONCERN:**

- Cash Flow & Budgeting
- College Planning
- Investment Advice
- Tax Planning
- Retirement Planning
- Estate Planning
- Insurance Review

**WHAT YOU EXPECT TO ACCOMPLISH THROUGH FINANCIAL PLANNING:**

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**MAJOR DISCRETIONARY EXPENDITURES (NEXT THREE YEARS):**

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## CHILDREN SHEET

Please list your children in birth order

**CHILD (1):** Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: (*check one*)  Married  Single  Separated  Divorced

Spouse's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grandchildren: \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Any special issues or problems relating to this child or his/her children? Yes/No If yes, briefly describe.

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**CHILD (2):** Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: (*check one*)  Married  Single  Separated  Divorced

Spouse's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grandchildren: \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Any special issues or problems relating to this child or his/her children? Yes/No If yes, briefly describe.

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**CHILD (3):** Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: (*check one*)  Married  Single  Separated  Divorced

Spouse's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grandchildren: \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Any special issues or problems relating to this child or his/her children? Yes/No If yes, briefly describe.

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**CHILD (4):** Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: (*check one*)  Married  Single  Separated  Divorced

Spouse's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grandchildren: \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Any special issues or problems 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? \_\_\_\_\_

Provide details of marriage termination(s) on a separate sheet of paper.

Were there any children born of these prior marriage(s)? 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? \_\_\_\_\_

**Health Status** (Discuss potential problem areas):

Client: \_\_\_\_\_

Co-Client: \_\_\_\_\_

Child (1): \_\_\_\_\_ Child (2): \_\_\_\_\_

Child (3): \_\_\_\_\_ Child (4): \_\_\_\_\_

**Professional Relationships:**

Attorney: \_\_\_\_\_

**Insurance**

Agent: \_\_\_\_\_

Tel: \_\_\_\_\_

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)

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: \_\_\_\_\_

**Investment Counselor:**

\_\_\_\_\_

Tel: \_\_\_\_\_

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)

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

	<u>Current Year</u>	<u>Next Year</u>	<u>The Following Year</u>
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CLIENT	_____	_____	_____
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CO-CLIENT	_____	_____	_____
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### FINANCIAL CONCERNS

1 = Very Low      10=Very High

___ Inflation	___ Liquidity
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___ Income	___ Safety
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___ Taxes	___ Family Benefit
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### 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 are involved.

**ESTATE PLANNING SHEET**

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

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: \_\_\_\_\_

Attachment:  
 Net Worth Statement

# NET WORTH STATEMENT

## ASSETS

CLIENT: \_\_\_\_\_

### LIQUID ASSETS (Cash or Cash Equivalents)

Checking \_\_\_\_\_  
Checking \_\_\_\_\_  
Savings \_\_\_\_\_  
Savings \_\_\_\_\_  
U. S. 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 turn over and complete Liabilities section on back

# NET WORTH STATEMENT

## 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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Liabilities

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**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 2008.
- 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>