



Fact Finder

Client Name

Spouse Name

Financial Representative Name

Date

Data Gathering – Basic Information

Basic Information

Client Name (First/Last):	Date of Birth / Age:
Spouse's Name (First/Last):	Date of Birth / Age:

Contact Information

Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Client Cell Phone:	Spouse Cell Phone:	
Client E-mail:	Spouse E-Mail:	

Employment Information - Client

Employer Name:	Title:	
Employer Address:		
City:	State:	Zip:
Work Phone:	Work Fax:	
Email Address:	Years Employed:	
Previous Employer:	Years Employed:	

Employment Information - Spouse

Employer Name:	Title:	
Employer Address:		
City:	State:	Zip:
Work Phone:	Work Fax:	
Email Address:	Years Employed:	
Previous Employer:	Years Employed:	

Comments

Data Gathering – Basic Information

Children

First Name	Last Name	Date of Birth / Age	Special Needs? <i>(Yes/No)</i>	Marital Status <i>(single, married, separated, divorced, domestic partnership, widow, widower)</i>

Grandchildren

First Name	Last Name	Date of Birth / Age	Special Needs? <i>(Yes/No)</i>

Comments

Data Gathering – Basic Information

Income - Salary & Bonus

	(1)	(2)	(3)	(4)
Salary/Bonus Name:				
Annual Amount:				

Guaranteed Retirement Income

	(1)	(2)	(3)	(4)
Guaranteed Retirement Income Name:				
Type: <i>(Social Security, Defined Benefit, Deferred Compensation, Annuity)</i>				
Basis:				
Tax Treatment: <i>(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable)</i>				
Annual Amount:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				

Income - Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type: <i>(Business Distribution, Partnership Distribution, Real Estate, Trust, Business Income, Investment, Social Security, Other)</i>				
Tax Treatment: <i>(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable)</i>				
Annual Amount:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				

Comments



QUICK FACT FINDER

Protection			
Property and Casualty Insurance	Health and Disability Insurance	Legal Documents	Life Insurance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Assets	
Personal Property	<input type="text"/>
Savings	<input type="text"/>
Investments	<input type="text"/>
Retirement	<input type="text"/>
Real Estate	<input type="text"/>
Business	<input type="text"/>
Total	<input type="text"/>

Liabilities	
Short Term	<input type="text"/>
Taxes	<input type="text"/>
Mortgages	<input type="text"/>
Business Debt	<input type="text"/>
Total	<input type="text"/>

Net Worth	
<input type="text"/>	

Cash Flow				
Gross Income	Protection	Assets	Liabilities	Net Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Data Gathering – Asset Details

Personal Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Tax Basis:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				

Savings

	(1)	(2)	(3)	(4)
Asset Name:				
Institution Name:				
Asset Type: <i>(Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account, CV Life Insurance)</i>				
Current Value:				
Tax Basis:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				
Annual Savings:				

Investments (Non-Retirement)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Type: <i>(Stocks, Bonds, Mutual Funds, etc.)</i>					
Institution Name:					
Current Value:					
Tax Basis:					
Owner: <i>(Client, Spouse, Joint, etc.)</i>					
Annual Savings:					

Comments

Data Gathering – Asset Details

Retirement

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Type: <i>(Money Purchase, Profit Sharing, Deferred Compensation, Roth, Deferred Comp, 401(k), IRA, KEOGH, Profit Sharing, 403(b), Pension, SEP, Other)</i>					
Current Value:					
Annual Contribution: <i>(for IRA, KEOGH, Profit Sharing, SEP, or Other)</i>					
Owner: <i>(Client, Spouse)</i>					
Beneficiary: <i>(Client, Spouse, etc.)</i>					
Contributions based on: <i>(All Earned Income, Client/Spouse Salary, etc.)</i>					

Employer Contributions (for 401(k) or 403(b))

Asset Name:	
Type: <i>(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)</i>	
Employer Percent Match of Employee Contribution:	
Annual Dollar Amount:	

Defined Benefits (for Pension)

Asset Name:	
Projected Annual Pension Benefit at Retirement:	

Comments

Data Gathering – Asset Details

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Current Value:				
Tax Basis:				
Owner: <i>(Client, Spouse, Joint, etc.)</i>				
State:				
Rents:	N/A			

Business Interests*

	(1)	(2)	(3)
Business Name:			
Business Type: <i>(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp)</i>			
Fair Market Value:			
Tax Basis:			
Ownership Percentage:			

* Use Business Supplement

Comments

Data Gathering – Cash Flow Details

Short Term

	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Loan Type: <i>(Automobile, Line of Credit, Student Loan, Credit Card, Debt Consolidation, Other)</i>				
Original Loan Amount:				
Current Balance:				
Interest Rate:				
Monthly Payment:				
Number of Remaining Payments:				

Taxes

Unpaid Tax Liability Amount:	
------------------------------	--

Comments

Data Gathering – Cash Flow Details

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Institution Name:				
Original Loan Amount:				
Current Balance:				
Interest Rate:				
Original Loan Term (years):				
Monthly Payment:				
Repayment Type: <i>(Principal and Interest, Interest Only)</i>				
Years Remaining:				
Additional Payment:				

Business Debt

	(1)	(2)	(3)	(4)
Loan Name:				
Loan Type: <i>(Stockholder Loan, Personal Guarantor of Corporate Debt, Buy & Sell Agreement Liability)</i>				
Business:				
Original Debt Amount:				
Current Balance:				
Interest Rate:				
Monthly Payment:				
Number of Remaining Payments:				

Comments

Data Gathering – Cash Flow Details

Itemize your various Cash Flow expenditures and detail your Living Expenses.

Total Gross Income	Total Protection Costs	Assets (Annual Savings)	Liabilities (Debt & Taxes)	Net Income (Gross Income – Protection – Savings – Debt & Taxes)
---------------------------	-------------------------------	-----------------------------------	--------------------------------------	--

Net Income – Living Expense Worksheet

Category	Annual Amount	Category	Annual Amount	Category	Annual Amount
Alimony		Entertainment		Miscellaneous	
Associations/Dues		Food/Dining		Personal Care	
Automobile Fuel		Food/Groceries		Pet Care	
Automobile Maintenance		Gifts		Professional Fees	
Automobile Payments		Hobbies		Property Taxes	
Basic Expenses		Home Furnishings		Subscriptions	
Cable/Internet		Home Improvement		Telephone	
Charity		Home Lawn/ Maintenance and Trash		Travel	
Child Care		Home Security		Utilities	
Child Support		Homeowner's Association		Vacations	
Clothing/Dry Cleaning		Maid Service/Nanny		Other	
Clothing/Purchases		Medical/Doctors and Dentists		Other	
Country Club/Other Membership		Medical/General		Other	
Discretionary Expenses		Medical/Prescriptions		Other	

Warning: Living expense categories should not duplicate cash flow expenditures already identified in the areas of insurance protection, asset building for savings, short-term debt or mortgage payments, or income taxes. These items are captured in the Protection, Assets, and Liabilities sections in the Data Gathering phase.

Total Living Expenses:

Comments

Data Gathering – Objectives

List your financial and personal objectives that are important considerations to achieve financial balance and success.

Financial

Protection

Assets

Liabilities

Cash Flow

Personal

Data Gathering – Document Checklist

The following policies and documents will be evaluated as part of your overall Protection Analysis.

- Auto, Home, Umbrella Policies
- Individual and Group Disability Policies
- Group Medical Benefit Booklet
- Wills
- Trusts
- Power of Attorney
- Living Wills
- Buy-Sell Agreement
- Personal Income Tax Returns
- Corporate Income Tax Returns
- Life Insurance Policies
- Other _____
- Other _____

This receipt hereby acknowledges that the above listed personal financial information has been provided to my Financial Representative. It is agreed that all information will be returned after analysis has been completed.

Client: _____

Date: _____

Financial Representative: _____

Date: _____