The Living Balance Sheet℠

Fact Finder

Client Name

Spouse Name

Financial Representative Name

Date

The Fact Finder will assist you in gathering your client's personal and financial information.

Introduction

Basic Information

Client Name (First/Last):	
Date of Birth/Age:	
Spouse's Name (First/Last):	
Spouse's Date of Birth/Age:	
Type of Client:	Active Client: ☐ Prospect: ☐

Contact Information

Address Line 1:			
Address Line 2:			
City:		State:	
Zip:			
Home Phone:			
Cell Phone:			
Fax:			
E-mail:			

Employment Information - Client

Employer Name:			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			

Employment Information - Spouse

Employer Name:			
Employer Address Line 1:			
Employer Address Line 2:			
City:		State:	
Zip:			
Work Phone:			

Data Gathering - Basic Information

Client

Name (First/Last):			
Date of Birth:		Gender:	Male: ☐ Female: ☐
Marital Status: *(single, married, separated, divorced, domestic partnership, widow, widower)*		Previous Marriages?:	Yes: ☐ No: ☐
Citizenship: *(U.S. Citizen, Resident Alien, Non-Resident Alien)*			

Spouse

Name (First/Last):			
Date of Birth:		Gender:	Male: ☐ Female: ☐
		Previous Marriages?:	Yes: ☐ No: ☐
Citizenship: *(U.S. Citizen, Resident Alien, Non-Resident Alien)*			

Children

First Name	Last Name	Date of Birth	Gender	Special Needs? *(Yes / No)*	Marital Status *(single, married, separated, divorced, domestic partnership, widow, widower)*	From Previous Marriage? *(Yes / No)*	Citizenship *(U.S. Citizen, Resident Alien, Non-Resident Alien)*

Grandchildren

First Name	Last Name	Date of Birth	Gender	Special Needs? *(Yes / No)*	Marital Status *(single, married, separated, divorced, domestic partnership, widow, widower)*	Citizenship *(U.S. Citizen, Resident Alien, Non-Resident Alien)*

Data Gathering - Basic Information

Income - Salary & Bonus

	(1)	(2)	(3)	(4)
Salary/Bonus Name:				
Annual Amount:				
Owner: *(Client, Spouse, Joint)*				
Destination Account:				
Guaranteed?:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐

Income - Immediate Annuity

	(1)	(2)	(3)	(4)
Immediate Annuity Name:				
Annual Payments:				
Exclusion Ratio:				
Basis:				
Owner: *(Client, Spouse, Joint, etc.)*				
Destination:				
Purchase Date:				
Based on Lifetime of: *(Client, Spouse, Survivorship)*				
Guaranteed Years of Payout:				

Income - Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type: *(Business Distribution, Partnership Distribution, Real Estate, Trust, Business Income, Investment, Social Security, Other)*				
Tax Treatment: *(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable)*				
Annual Amount:				
Owner: *(Client, Spouse, Joint, etc.)*				
Destination:				
Guaranteed?:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐

Age Assumptions

	Client		**Spouse**
Retirement Age:		Retirement Age:	

Data Gathering - Protection

Property/Casualty Insurance Policy

	(1)	(2)	(3)	(4)
Policy Name:				
Insurance Carrier:				
Policy Number:				
Purchase Date:				
Renewal Date:				
Annual Premium:				
Policy Type: *(Auto, Homeowners, Umbrella, Flood, Rental, Condo, Boat, Other)*				
Insured Asset:				
Owner: *(Client, Spouse, Joint, etc.)*				

Disability & Health Insurance - Disability Insurance Policy

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Insurance Carrier:			
Purchase Date:			
Policy Type: *(Group Short Term, Group Long Term, Personal Short Term, Personal Long Term, Retirement Protection, Mortgage Protection, Other)*			
Insured: *(Client, Spouse)*			
Occupation Class: *(6, 5, 4, 4P, 3, 2, 1)*			
Benefit Amount:			
Period for Benefit Amount: *(Daily, Weekly, Monthly, Quarterly, Annually)*			
Owner: *(Client, Spouse, Joint)*			
Annual Premium:			
Premium Term: *(years)*			
Premium Payor: *(Client, Spouse, Joint)*			
Elimination Period: *(0, 7, 14, 30, 60, 90, 180 Days, 1, 2 Years)*			
Benefit Period: *(90, 180 Days, # Years, Age, Life)*			
Own Occupation:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐
Definition of Total Disability: *(Own Occupation, Modified Own Occupation, Other)*			
Disability is Taxable?:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐

Data Gathering - Protection

Disability & Health Insurance - Business Disability Insurance Policy

	(1)	(2)	(3)
Policy Name:			
Business:			
Policy Number:			
Insurance Carrier:			
Purchase Date:			
Policy Type: *(Overhead Expense, Business Reducing Term, Disability Buy-Out)*			
Term Ends at Retirement:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐
Insured: *(Client, Spouse)*			
Occupation Class: *(6, 5, 4, 4P, 3, 2, 1)*			
Benefit Amount:			
Period for Benefit Amount: *(Daily, Weekly, Monthly, Quarterly, Annually)*			
Lump Sum Benefit (DBO Only):			
Owner: *(Client, Spouse)*			
Annual Premium:			
Premium Term: *(years)*			
Premium Payor: *(Client, Spouse)*			
Elimination Period: *(30, 60, 90, 360, 540, 720 Days)*			
Benefit Period: *(1, 2, 3, 12, 24, 36 Months)*			
Own Occupation:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐
Definition of Total Disability: *(Own Occupation, Modified Own Occupation, Other)*			
Disability is Taxable?:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐

Disability & Health Insurance - Long Term Care Insurance Policy

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Insurance Carrier:			
Purchase Date:			
Insured: *(Client, Spouse, Joint)*			
Benefit Amount:			
Period for Benefit Amount: *(Daily, Weekly, Monthly, Quarterly, Annually)*			
Home Care Benefit Amount:			
Period for Home Care Benefit Amount: *(Daily, Weekly, Monthly)*			

Data Gathering ***- Protection***

Owner: *(Client, Spouse, Joint)*			
Annual Premium:			
Premium Payment Period:			
Premium Term (years):			
Premium Payor: *(Client, Spouse, Joint)*			
Benefit Type: *(Indemnity or Reimbursement)*			
Inflation Protection: *(None, 5% Simple, 3% Compound, 5% Compound)*			
Return of Premium:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Benefit Period: *(# Years, Life)*			
Elimination Period: *(0, 20, 30, 45, 50, 60, 90,100, 120, 180 Days, 1 Year)*			

Disability & Health Insurance - Medical Insurance Policy

	(1)	(2)	(3)
Policy Name:			
Insurance Carrier:			
Group Health Plan Sponsor:			
Policy Number:			
Policy Type: *(Primary, Other)*			
Purchase Date:			
Plan Type: *(Individual or Family)*			
Deductible Amount:			
Annual Premium:			
Owner: *(Client, Spouse, Joint, etc.)*			

Legal Documents - Will

	Client	Spouse
Date Established		
Type of Will: *(Holographic, Nuncupative, Self Proving)*		
Transfer Assets to Revocable Trust to Avoid Probate:	Yes ☐ No ☐	Yes ☐ No ☐
Give Remaining Unified Credit to:		
Transfer to Spouse: *(Remainder of Estate, No Assets, Percent of Estate, Specific Amount)*		
Percent to Spouse:		
Amount to Spouse:		
Give Remainder of Estate To:		
Executor:		

Data Gathering - Protection

Legal Documents - Living Will

	Client	Spouse
Date Established		
Health Care Agent:		

Legal Documents - Power of Attorney

	Client	Spouse
Date Established		
Type of Power: *(Limited, Durable, Springing)*		
Attorney In Fact:		

Legal Documents - Buy/Sell Agreement

Business:	
Date Established	
Type of Agreement: *(Cross Purchase or Entity Purchase)*	
How will shares of the company be valued?: *(Fair Market Value, Pre-Determined Price, By Formula)*	
Is that agreement funded with life insurance?:	Yes ☐ No ☐
How much coverage (if applicable)?:	
If not funded by life insurance, then funded how?: *(Cash, Purchaser Finance, Vendor Finance)*	

Data Gathering - Protection

Life Insurance Policy

	(1)	(2)	(3)	(4)
Policy Name:				
Insurance Carrier:				
Purchase Date:				
Policy Type: *(Whole Life, VWL, Term, UL, VUL, Group, Other)*				
Term Ends at Retirement (Group Life Only):	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐
Term (years) (Term Life Only):				
Insured: *(Client, Spouse, Survivorship, etc.)*				
Owner: *(Client, Spouse, Joint, etc.)*				
Beneficiary: *(Client, Spouse, Survivorship, etc.)*				
Death Benefit:				
Cash Value or Policy Account Value:				
Basis:				
Annual Premium:				
Premium Payor: *(Client, Spouse, Joint, etc.)*				
Exclusion Amount:				
Waiver Premium:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐

Data Gathering *- Assets*

Personal Property

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

Savings Account

	(1)		(2)		(3)		(4)	
Asset Name:								
Institution Name:								
Asset Type: *(Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)*								
Current Value:								
Tax Basis:								
Is this Asset Tax Free?:	Yes: ☐	No: ☐	Yes: ☐	No: ☐	Yes: ☐	No: ☐	Yes: ☐	No: ☐
Owner: *(Client, Spouse, Joint, etc.)*								
Annual Savings:								

Investments - Taxable Investment

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Current Value:					
Tax Basis:					
Owner: *(Client, Spouse, Joint, etc.)*					
Annual Savings:					

Investments - 529 Plans

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Current Value:					
Grantor: *(Client, Spouse, Joint)*					
Beneficiary: *(Client, Spouse, etc.)*					
Annual Savings:					

Data Gathering - Assets

Investments - Annuity

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Asset Type: *(Fixed or Variable)*					
Type of Funds: *(Qualified or Non-Qualified)*					
Current Value:					
Tax Basis:					
Owner: *(Client, Spouse, Joint, etc.)*					
Beneficiary: *(Client, Spouse, Joint, etc.)*					
Payout Begins: *(Calendar Year, Retirement, At First Death, etc.)*					
Based on the Lifetime of: *(Client, Spouse, Survivorship)*					
Guaranteed Years of Payout:					
Annual Savings:					

Investments - Deferred Compensation

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Current Value:					
Owner: *(Client, Spouse)*					
Beneficiary: *(Client, Spouse, etc.)*					
Contributions based on: *(All Earned Income, Client/Spouse Salary, etc.)*					

Employee Contributions

Type: *(None, Percent of Salary, Fixed Amount)*	
Percent:	
Annual Dollar Amount:	

Employer Contributions

Type: *(None, Percent of Salary, Match Percent, Fixed Amount)*	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Annual Dollar Amount:	

Data Gathering - Assets

Retirement Accounts - Qualified Retirement Plan

(401(k), IRA, KEOGH, Profit Sharing, 403(b), Pension, SEP, Other)

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Type: *(401(k), IRA, KEOGH, Profit Sharing, 403(b), Pension, SEP, Other)*					
Current Value:					
Owner: *(Client, Spouse)*					
Beneficiary: *(Client, Spouse, etc.)*					
Contributions based on: *(All Earned Income, Client/Spouse Salary, etc.)*					

Employee Contributions

Type: *(None, Percent of Salary, Fixed Amount, Maximum, Maximum After Matching)*	
Percent:	
Annual Dollar Amount:	

Employer Contributions

Type: *(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)*	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Annual Dollar Amount:	

Retirement Accounts - Roth IRA

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Current Value:					
Owner: *(Client, Spouse)*					
Beneficiary: *(Client, Spouse, Joint, etc.)*					
Annual Savings:					

Data Gathering - Assets

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Property Type: *(Residence, Non-Residence)*				
Current Value:				
Tax Basis:				
Owner: *(Client, Spouse, Joint, etc.)*				
State:				
Qualifies for Home Sale Gain Exclusion?:	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐

Business Interests

	(1)	(2)	(3)
Business Name:			
Base Value:			
Tax Basis:			
Owner: *(Client, Spouse, Joint, etc.)*			
Business Type: *(Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp)*			

Data Gathering - Liabilities

Loans

	(1)		(2)		(3)		(4)	
Loan Name:								
Institution Name:								
Original Loan Amount:								
Date of Loan:								
Current Balance:								
Balance as of date:								
Owner: *(Client, Spouse, Joint, etc.)*								
Interest Rate:								
Number of Payments:								
Payment Frequency: *(Monthly, Quarterly, Semi-Annually, Annually)*								
Repayment Type: *(Principal and Interest, Interest Only)*								
Payment:								
Is Interest Deductible?:	Yes: ☐	No: ☐	Yes: ☐	No: ☐	Yes: ☐	No: ☐	Yes: ☐	No: ☐
Is Loan Collateralized?:	Yes: ☐	No: ☐	Yes: ☐	No: ☐	Yes: ☐	No: ☐	Yes: ☐	No: ☐

Taxes

Unpaid Tax Liability Amount:	

Mortgages

	Primary Residence		Secondary Residence		Investment Property		Investment Property	
Mortgage Name:								
Institution Name:								
Property:								
Original Loan Amount:								
Date of Loan:								
Current Balance:								
as of Date: *(Current Balance)*								
Interest Rate:								
Loan Term (years):								
Payment Frequency: *(Monthly, Quarterly, Semi-Annually, Annually)*								
Repayment Type: *(Principal and Interest, Interest Only)*								
Payment:								
Is Interest Deductible?	Yes: ☐	No: ☐	Yes: ☐	No: ☐	Yes: ☐	No: ☐	Yes: ☐	No: ☐

***Data Gathering** - Liabilities*

Living Expenses

Current Annual Living Expenses:	

- or -

Living Expenses - Worksheet

Description	Current Amount