



FACT FINDER



Client Name

Client Signature

Advisor Name

Date

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List Attachments

RISK TOLERANCE QUESTIONNAIRE

Take a few minutes to complete this short questionnaire, which will create a recommended portfolio with the appropriate mix of assets. The score reflects the level of risk you're willing to take in your investment decisions.

2. If you own a home, do you have more than 30% equity? Yes No I do not own a home

3. Which of the following best describes your current employment status?

- Full-Time Part-Time Retired Unemployed

4. From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%. Which best describes your response?

- I would look for a way to invest more
 I would take no action
 I would be somewhat concerned
 I would avoid any investment that could suddenly lose 15% of its value

5. Your portfolio from the previous question, now worth \$21,250, suddenly declines another \$2,125 or 10%. Which best describes your response?

- I would look for a way to invest more
 I would take no action
 I would be somewhat concerned
 I would never have made this investment.

5. Have you invested in Equities? Yes No

6. Have you invested in Fixed Income? Yes No

7. Have you invested in Mutual Funds? Yes No

8. Have you invested in Options, Futures, or Derivatives? Yes No

9. How would you describe your investment knowledge?

- None
 Limited
 Good
 Extensive

10. How much investment experience do you have?

- None
 Limited (1 to 3 years)
 Good (4 to 5 years)
 Extensive (more than 5 years)

11. Do you have current income needs from your investments? Yes No

12. When will you begin to use your invested funds?

- Less than 2 years
 2-5 years
 6-10 years
 More than 10 years

FINANCIAL PRIORITIES

Please place a number next to your top 6 priorities from the list below:

Client

- ___ Creating Retirement Income
- ___ Saving for Major Purchases
- ___ Minimizing Taxes
- ___ Insuring your assets
- ___ Caring for Parents
- ___ Planning for a Business
- ___ Saving for College
- ___ Managing a Budget
- ___ Insuring your Life
- ___ Providing a Legacy
- ___ Contributing to Charity

Spouse

- ___ Creating Retirement Income
- ___ Saving for Major Purchases
- ___ Minimizing Taxes
- ___ Insuring your assets
- ___ Caring for Parents
- ___ Planning for a Business
- ___ Saving for College
- ___ Managing a Budget
- ___ Insuring your Life
- ___ Providing a Legacy
- ___ Contributing to Charity

Retirement Goals

Client Retirement Age

Spouse Retirement Age

Annual Living Expenses

Other Goals

Goal Name

Start Year

End Year

Annual Amount

Funding Source

Goal Name

Start Year

End Year

Annual Amount

Funding Source

Goal Name

Start Year

End Year

Annual Amount

Funding Source

Leave to Heirs

Amount

Charities

Name

Public Private

Name

Public Private

Goal - Notes

FAMILY INFORMATION

Client

First

Last

Date of Birth

Gender:

Male Female

Marital Status:

Single Married Separated Divorced Domestic Partnership Widow/Widower

Citizenship:

U.S. Citizen Resident Alien Non-Resident Alien

Spouse

First

Last

Date of Birth

Gender:

Male Female

Marital Status:

Single Married Separated Divorced Domestic Partnership Widow/Widower

Citizenship:

U.S. Citizen Resident Alien Non-Resident Alien

Address Line 1

Address Line 2

City State Zip

Home Phone Cell Phone

Spouse Home Phone E-mail Addresses

Employment - Client

Employer Name

Title/Position Length of Employment

Work Phone Work Email Address

Employment - Spouse

Employer Name

Title/Position Length of Employment

Work Phone Work Email Address

Children

First Name Last Name Date of Birth

Gender: Male Female Special Needs?: Yes No

Marital Status:

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

First Name	Last Name	Date of Birth
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Gender: Male Female Special Needs?: Yes No

Marital Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

First Name	Last Name	Date of Birth
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Gender: Male Female Special Needs?: Yes No

Marital Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

First Name	Last Name	Date of Birth
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Gender: Male Female Special Needs?: Yes No

Marital Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

First Name	Last Name	Date of Birth
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Gender: Male Female Special Needs?: Yes No

Marital Status: _____

Single Married Domestic Partnership Spouse Name
 Separated Divorced Widow/Widower

Grandchildren

First Name	Last Name	Date of Birth
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Gender: Male Female Special Needs?: Yes No Skip this Person?: Yes No

Parent's Names

First Name _____ Last Name _____ Date of Birth _____
 Gender: Male Female Special Needs?: Yes No Skip this Person?: Yes No

Parent's Names _____

First Name _____ Last Name _____ Date of Birth _____
 Gender: Male Female Special Needs?: Yes No Skip this Person?: Yes No

Parent's Names _____

Family Information - Notes

PROPERTY

Buy/Sell Transactions

Are you planning on selling an asset or property in the future?: Yes No

If yes, when are you planning to sell the asset or property? _____

Where do proceeds go from sale of asset or property? _____

Are you planning on buying an asset or property in the future?: Yes No

If yes, when are you planning to buy the asset or property? _____

What funds do you plan to use to buy asset or property? _____

Real Estate

	PRIMARY RESIDENCE	SECONDARY RESIDENCE	INVESTMENT PROPERTY	INVESTMENT PROPERTY
Owner (Client, Spouse, Joint, etc.)				
Property Name				
Address 1				
Address 2				
City				
State				
Zip				
Purchase Year				
Current Value				
Tax Basis				

Mortgages

	PRIMARY RESIDENCE	SECONDARY RESIDENCE	INVESTMENT PROPERTY	INVESTMENT PROPERTY
Owner (Client, Spouse, Joint, etc.)				
Mortgage Name				
Institution Name				
Online Access Available?				
Loan Type (Mortgage, Home Equity)				
Property Name				
Original Loan Amount				
Date of Loan				
Current Balance (As of Date)				
Interest Rate				
Loan Term				
Payment Frequency (Monthly, Quarterly, Semi-Annually, Annually)				
Repayment Type (Principal & Interest, Principal Only)				
Payment				
Balloon Period (Years)				
Is Interest Deductible? (Yes/No)				
Insured for Life (Yes/No)				

Personal Property (Cars, Jewelry, Artwork, et al.)

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

Property - Notes

INVESTMENTS & ACCOUNTS

Fill Out Tables Below or Attach Statements for All Accounts

Taxable

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Online Access Available?				
Margin Balance				
Total Value				
Tax Basis				
% Investment Income Distributed Annually, Pre-Retire				
% Investment Income Distributed Annually- Post-Retire				

Cash Accounts (Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Online Access Available?				
Asset Type				
Margin Balance				
Total Value				
Tax Basis				

Qualified Retirement (401(k), IRA, Money Purchase, Profit Sharing, 403(b) Pension, SEP, Other)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Asset Name				
Institution Name				
Online Access Available?				
Type				
Total Value				
Established Year				
Roth Value				
Roth Cost Basis				
Non-Roth Post-Tax Cost Basis				
Beneficiary				

Roth IRAs

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Online Access Available?				
Total Value				
Roth Value				
Beneficiary				

529 Plans

	1	2	3	4
Grantor				
Beneficiary				
Institution Name				
Online Access Available?				
Total Value				

CONTRIBUTIONS

Employee Contribution (for 401(k) or 403(b))

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

	CLIENT	SPOUSE
Employer Match Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Non-Roth Post-Tax 401(K) Contributions

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Roth 401(K) Contributions

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yearly Savings

	1	2	3	4
Annual Amount				
Destination Account				
Starts				
Ends				
Exempt from Withdrawal Penalty (Yes/No)				
IRA Contribution (Fixed, Maximum)				

Investment - Notes

CASHFLOW WORKSHEET



Monthly Income: What Goes In

Gross Salaries	\$
Income From:	
Self-Employment	\$
Part-Time Employment	\$
Alimony/Child Support	\$
Dividends/Interest	\$
Royalties	\$
Real Estate	\$
Tax Refund	\$
Extraordinary Income:	
Grants/Prizes	\$
Inheritance	\$
Social Security Benefits:	
Disability Benefits	\$
Retirement Benefits	\$
Survivor Benefits	\$

Other:	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Monthly Income	\$

Income - Notes



Monthly Expenses: What Goes Out

Taxes	
Federal	\$
State	\$
Local	\$
Total:	\$

Household (Essential)	
Mortgage/Rent	\$
Property Taxes	\$
Maintenance	\$
Home/Renter's Insurance	\$
Electricity	\$
Oil/Gas	\$
Water/Garbage/Sewer	\$
Telephone/Cell Phone	\$
Cable/Internet	\$
Credit Card Payments	\$
Other Debt (student loans, etc.)	\$
Other	\$
Total:	\$

Automobile & Transportation (Essential)	
Car Payment	\$
Maintenance/Repairs	\$
Gasoline	\$
License/Registration	\$
Insurance	\$
Other	\$
Total:	\$

Living Expenses (Essential)	
Food	\$
Clothing	\$
Beauty/Barber	\$
Other	\$
Total:	\$

Medical/Health (Essential)	
Health Insurance	\$
Life Insurance	\$
Long-Term Care Insurance	\$
Disability Insurance	\$
Dental Expenses	\$
Other	\$
Total:	\$

Family Care (Essential)	
Parent/Child Care	\$
Education	\$
Clothing	\$
Other	\$
Total:	\$

TOTAL ESSENTIAL:	\$
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Discretionary	
Entertainment	\$
Dining Out	\$
Hobbies	\$
Publications	\$
Education	\$
Traveling/Vacations	\$
Charitable Donations	\$
Gifts	\$
Professional/Social Dues	\$
Gym Membership	\$
Other	\$
TOTAL DISCRETIONARY:	\$

Expense - Notes

LIABILITIES

Fill Table Below or Attach

Liabilities (Credit Cards, Loc, Student Loans, ...etc. For Mortgages - See Property>Real estate)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Online Access Available? (Yes/No)				
Loan Type				
Original Loan Amount				
Date of Loan				
Current Balance				
Balance as of Date				
Interest Rate				
Number of Payments				
Payment Frequency**				
Repayment Type†				
Payment				

*Loan Type: Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other
†Repayment Type: Principal and Interest, Interest Only

**Payment Frequency: Monthly, Quarterly, Semi-Annually, Annually

Liabilities - Notes

INSURANCE

Life Insurance – Fill Out Table Below or Attach Policy Summary

	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE
Owner (Client, Spouse, Joint)					
Policy Type					
Term Year (if applicable)					
Insured					
Beneficiary					
Benefit Amount					
Premium					
Cash Value (if applicable)					

Attach Insurance Policy/Policies - Fill Out Table Below or Attach Policy Summary

	LONG TERM CARE	DISABILITY	PROPERTY/CASUALTY	MEDICAL	OTHER
Owner (Client, Spouse, Joint)					
Policy Type					
Term Year (if applicable)					
Insured					
Beneficiary					
Benefit Amount					
Premium					

Insurance - Notes

WILLS AND GIFTS

Trusts & Partnerships

Do you have existing trusts? Yes No
If yes, please attach trust documents

Are your assets in a revocable living trust? *If yes, please attach trust documents* Yes No

Do you have a will? *If yes, please attach trust documents* Client: Yes No Spouse: Yes No

Do you have additional estate documents? *If yes, please attach trust documents* Yes No

Do you make any gifts to family members? *If yes, please list in notes* Yes No

Wills & Gifting - Notes

Additional Information

Professional Contacts

Name	Relationship
Phone	Email
Name	Relationship
Phone	Email

VAULT CHECKLIST

LEGAL DOCUMENTS

- Wills
- Deeds
- Revocable & Irrevocable Trusts
- Power of Attorney
- Codicils (Supplements made to a Will)
- Living Wills/Health Directives
- Prenuptial Agreements
- Buy/Sell Agreements
- Contracts

BENEFITS

- Social Security Info
- Veteran's Administration Info
- Employment Benefits

INSURANCE POLICIES

- (Life, LTD, Disability, Medical, Car, Property)

BANK & INVESTMENT STATEMENTS

- Pensions, IRAs, Annuities, etc.
- Investment Accounts
- Stock Options/Certificates

LIABILITIES

- List of Credit Cards with Contact Information
- Mortgages
- Loans

TAXES

- Tax Returns
- W-2 Forms



IDENTIFICATION

- Birth Certificates
- Drivers Licenses
- Passports
- Social Security Cards

FAMILY

- Adoption Papers
- Medical Records
- Marriage License
- Pictures
- Audio Files
- Video Clips

PROPERTY

- Titles to Homes, Autos, Boats, etc.
- Warranties

PROFESSIONAL CONTACTS

Name Relationship

Phone Email

Name Relationship

Phone Email