

FACT FINDER:

Preparing for the “What-Ifs” of Retirement

PERSONAL INFORMATION

Date _____

Client A name _____ Date of birth _____

E-mail _____

Client B name _____ Date of birth _____

E-mail _____

Permanent Address

Street address _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____

Work phone _____

Secondary Address (if applicable)

Street address _____

City _____ State _____ Zip _____

Day phone _____ Evening phone _____

Work phone _____

Client A Information

Are you a US citizen? Y N

Annual Income _____

Funding a 401(k)? Y N

Funding IRAs, Roth IRA, other investment vehicles? Y N

If yes, please specify _____

Employer _____ Job title _____

Client B Information

Are you a US citizen? Y N

Annual Income _____

Funding a 401(k)? Y N

Funding IRAs, Roth IRA, other investment vehicles? Y N

If yes, please specify _____

Employer _____ Job title _____

***Dependent
Information***

	Name	Age	Spouse's Name	Age	Client A	Client B
1.	_____	_____	_____	_____	Y N	Y N
2.	_____	_____	_____	_____	Y N	Y N
3.	_____	_____	_____	_____	Y N	Y N
4.	_____	_____	_____	_____	Y N	Y N

***Grandchildren
Information***

	Name	Age	Parents
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**OBJECTIVES/
GOALS**

What are your short-term financial goals (0 to five years)? Please list and prioritize (e.g., reduce debt, buy car, college funding).

What are your long-term financial goals five years through retirement)? Please list and prioritize (e.g., buy second home, special gifts for children/grandchildren, retire early — please note planned retirement age).

List your top five goals in order of priority from most important to less important:

1. _____
2. _____
3. _____
4. _____
5. _____

What monthly income do you need to meet your lifestyle expectations? Do you foresee any changes in current income?

To potentially increase retirement income and/or reduce taxes, how much could you invest to help meet your financial goals?

INCOME STATEMENT

Grandchildren Information

Income (monthly)	Client A	Client B
Salaries, wages, bonuses (after tax)	_____	_____
Investment income	_____	_____
Social Security/Other	_____	_____
Total Income	_____	_____
Expenses (monthly)	_____	_____
Mortgage payment	_____	_____
Auto payment(s)	_____	_____
Living expenses (food, clothing, transportation)	_____	_____
Entertainment, recreation	_____	_____
Other expenses	_____	_____
Total Expenses	_____	_____
Net Income (amount available for savings and investment)	_____	_____

ASSET SUMMARY

Assets	Current Value	Cost Basis	% Growth	Income Producing (Y/N)	Debt/ Loan	Ownership (Client A, B, or Joint)
Home(s)						
Real Estate						
Equities						
Mutual funds						
Individual securities						
Nonqualified annuities						
Bonds						
Taxable						
Tax-free (e.g. municipal)						
Cash/money market acct						
Bank Account(s)						
Personal note(s)						
Personal property						
Misc. assets						

Total current value of assets owned by:

Client A \$ _____ Client B \$ _____ Joint \$ _____

Retirement Plans
(enter current value)

	Client A	Client B
401(k)/403(b) /Keogh/SEP	\$ _____ Beneficiary _____	\$ _____ Beneficiary _____
Traditional IRA	\$ _____ Beneficiary _____	\$ _____ Beneficiary _____
Roth IRA	\$ _____ Beneficiary _____	\$ _____ Beneficiary _____
Pension	\$ _____ Beneficiary _____	\$ _____ Beneficiary _____
Totals	\$ _____ Beneficiary _____	\$ _____ Beneficiary _____

Life Insurance
(Type: WL = Whole Life Insurance; UL = Universal Life Insurance; VUL = Variable Universal Life Insurance)

1. Insured _____ Insurer _____ Premium \$ _____ Owner _____ Beneficiary _____
 Type (check one): WL UL VUL Term
 Death benefit \$ _____ Cash value \$ _____

2. Insured _____ Insurer _____ Premium \$ _____ Owner _____ Beneficiary _____
 Type (check one): WL UL VUL Term
 Death benefit \$ _____ Cash value \$ _____

OTHER DEBTS

	Client A	Client B
Short-term		
Credit card	_____	_____
Credit line	_____	_____
Auto	_____	_____
Other	_____	_____
Long-term		
Mortgage	_____	_____
Business loans	_____	_____
Other	_____	_____
Totals	_____	_____

ESTATE PLANNING/ WILLS/TRUSTS

	Client A		Client B	
Do you currently have a will?	Yes	No	Yes	No
If yes, when was it last updated? _____				
Do you have a living trust?	Yes	No	Yes	No
Do you have a credit shelter trust/provision set up?	Yes	No	Yes	No
Do you have a Health Care Power of Attorney or a Living Will?	Yes	No	Yes	No
Have you resided in another state?	Yes	No	Yes	No
If yes, what state and when? _____				
Are you making gifts to a charitable or non-profit foundation?	Yes	No	Yes	No
Have you been making gifts to your children?	Yes	No	Yes	No
Do you plan to make lifetime gifts to your children?	Yes	No	Yes	No
What other estate planning have you done?				

If you are working with an attorney or CPA, please list their names and phone numbers below:

Attorney: Name: _____ Phone: _____

Accountant: Name: _____ Phone: _____

Other Advisor: Name: _____ Phone: _____

BUSINESS OWNERSHIP

Business name _____

Business structure (check one):

Sole proprietor 'C' Corp 'S' Corp Partnership LLC or LLP

If a 'C' corp, what is the corporate tax bracket? _____%

What is your personal tax bracket? _____%

Percentage of business owned: _____%

Other Owners: _____

Do you have children active in business? _____

Do you wish for children to continue business at your retirement? _____

Do have any other partners or key employees who would succeed you in the business? _____

Is there currently a buy-sell arrangement in place? _____

If so, how is it structured (entity/trust owned, cross purchase) _____

How is the arrangement funded? _____

Is there a "key employee" plan in place? _____