

Financial Planning Factfinder

Please include annual contribution amounts and recent account statements for related accounts.

Client/Co-Client

| Name(s) (legal name) | Date of Birth (M/D/Y) | Are you a US Citizen? (Y/N) |
|----------------------|-----------------------|-----------------------------|
| | | |
| | | |

Home Address:

Mailing Address (if different):

Tax Filing Status (mark X)

| | | | |
|--------|------------------------|---------------------------|-------------------|
| Single | Married Filing Jointly | Married Filing Separately | Head of Household |
|--------|------------------------|---------------------------|-------------------|

Children/Dependents

| Name | Date of Birth | Name | Date of Birth |
|------|---------------|------|---------------|
| | | | |
| | | | |
| | | | |

Income

| Name | Gross and Net Employment Income | Other Income (bonuses, rental income, etc) |
|------|---------------------------------|--------------------------------------------|
| | | |
| | | |

Social Security/Pension (sign in to ssa.gov to view your social security benefits; contact plan administrator, if applicable, for pension info)

| Name | FRA or Current Amnt | Pension Amount | COLA | Survivor Percentage | Start Date |
|------|---------------------|----------------|------|---------------------|------------|
| | | | | | |
| | | | | | |

| Asset | Owner(s) | Purchase Price | Current Value | Property Taxes |
|-------------------------------|----------|----------------|---------------|----------------|
| Primary Residence | | | | |
| Secondary Residence | | | | |
| Rental Property | | | | |
| Vehicle One | | | | |
| Vehicle Two | | | | |
| Personal Assets (art, jewels) | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

| Liability | Remaining Bal. | Date Started | Term | Rate | Payment Amount | Overpayment |
|-----------------|----------------|--------------|------|------|----------------|-------------|
| Mortgage | | | | | | |
| Mortgage/HELOC | | | | | | |
| Credit Cards | | | | | | |
| Margin Loan | | | | | | |
| Car Loan(s) | | | | | | |
| Student Loan(s) | | | | | | |
| Other | | | | | | |

Monthly Budget

| Fixed Expense | Amount | Discretionary Exp. | Amount | Discretionary Exp. | Amount |
|-------------------------|--------|--------------------|--------|-----------------------|--------|
| Utilities | | Child Care | | Charity | |
| Groceries | | Personal Care | | Gifts | |
| Transportation | | Vacation | | Professional Services | |
| Other | | Entertainment | | Pets | |
| Insurance (see below) | | Other | | Other | |
| Liabilities (see below) | | Other | | Other | |
| Total | | Total | | Total | |

Cash Accounts (personal and business banking)

| Name | Checking | Savings | Money Market/CD |
|------|----------|---------|-----------------|
| | | | |
| | | | |

Investments (401k, ROTH 401k, Keogh, SEP, SIMPLE, IRA, ROTH, taxable brokerage)

| Owner | Account Type | Balance | Contributions | Employer Contributions |
|-------|--------------|---------|---------------|------------------------|
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| | | | | |
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| | | | | |

Group/Individual Life Insurance (Term Life, Whole Life, UL, IUL, VUL, SUL)

| Insured | Owner/Beneficiary | Type/Term | Premium | Death Benefit | Start Date | Cash Value |
|---------|-------------------|-----------|---------|---------------|------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Group/Individual Disability Insurance/DI

| Insured | Type | Premium | Benefit Amount | Benefit Period | Waiting Period | COLA |
|---------|------|---------|----------------|----------------|----------------|------|
| | | | | | | |
| | | | | | | |

Long Term Care Insurance/LTC (types include: Stand-Alone LTC, Life w/LTC, and Annuity w/LTC)

| Insured | Type (life or annuity) | Premium | Benefit Amount | Benefit Period | Waiting Period |
|---------|------------------------|---------|----------------|----------------|----------------|
| | | | | | |
| | | | | | |

Property and Casualty/P&C (examples: Homeowner's, Auto, Business, Renter's, Condo, Landlord, Toy, Pet Insurance)

| Asset | Type | Premium | Coverage |
|-------|------|---------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Health Insurance (types include: HMO, POS, Medicare, Medicare Supplement, Medicare Advantage, PPO, High Deductible)

| Insured | Type | Premium/Contribution |
|---------|------|----------------------|
| | | |
| | | |

Dental Insurance (types include: Basic, Premium)

| Insured | Type | Premium/Contribution |
|---------|------|----------------------|
| | | |
| | | |

Health Savings (types: HSA, FSA)

| Type | Balance | Contributions | Withdrawals |
|------|---------|---------------|-------------|
| | | | |
| | | | |

Will (types: Simple, Testamentary Trust, Joint, Living)

| Type | Date Established | Date Reviewed |
|------|------------------|---------------|
| | | |

Trust (types: Living, Testamentary, Revocable, Irrevocable)

| Type | Date Established | Date Reviewed |
|------|------------------|---------------|
| | | |

Power of Attorney/PoA (types: Durable, Non-Durable, Springing, General, Financial, Medical/Healthcare)

| Type | Date Established | Name of Person Covered |
|------|------------------|------------------------|
| | | |
| | | |

What are your estate distribution strategies (gifting, charitable giving, lump-sum inheritance, periodic distributions, will/trust directed)?

How do you prepare your taxes?

What other professionals do you use (attorneys, insurance agents, bookkeepers)?

What guardianship provisions, if any, do you have in place?

Are you the guardian for someone else?

Other Important Notes: