

# Fact finder - Level 1 & 2

### Client information

	First name	Last name	Date of birth (mm/dd/yyyy)	Gender	Tax filing status
Client					
Co-client					
	Street		City	State	Zip code
Home	phone number	Business p	none number		Email address

### Family members

First name	Last name	Date of birth (mm/dd/yyyy)	Relationship	Dependent of



# Net worth

Lifestyle asset	Market value (\$)	Liabilities	Balance (\$)	Interest rate (%)	Monthly payments	Asset liability is liked to

Real estate	Market	Rental	Real estate	Rental		Depreciation	
asset	value (\$)	income	tax	expense	Portion Not	Amount per year	Number of years

Business entity description	Туре	Owner	Market value	Income	Expense



# Accounts

A	.ccount Des	cription	Account Type (Non-qualified, IRA, 401(k), 403(b), 529 Plan, etc.)			(Client, Co-client	Owner (Client, Co-client, Joint, Other family member)	
Holding description	Symbol	Current value (\$)	Hold (\$ or %)	Cost basis (\$)	Asset Class weightings	Return rates	Beneficiary	
Δ	.ccount Des	crintion		Accou	nt Type		/ner	
	ccount Desi	шриоп	(Ne	on-qualified, IRA, 401	.(k), 403(b), 529 Plan, etc.)		Joint, Other family nber)	
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Holding description	Symbol	Current value (\$)	Hold (\$ or %)	Cost basis (\$)	Asset class weightings	Return rates	Beneficiary
Д	Account description		Account type (Non-qualified, IRA, 401(k), 403(b), 529 Plan, etc.)			Owner (Client, Co-client, Joint, Other family member)	
						mer	inber)
Holding	Symbol	Current	Hold	Cost basis	Asset Class	Return	Beneficiary
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# Cash flow

Annual incomes	Family member	Income type	Annual amount	Monthly expense	Family member	Expense Type	Amount	Start/End date

	Client Social Security	Co-Client Social Security
Calculate based on salary/self-employment		
Social Security statement (attach copy)		
Already receiving benefit		



### Defined benefit

Description	Family member	Start age/date	Est. annual amount or % of final salary	% Payable to survivor

# Insurance Coverage

Life insurance coverage

Description	Insured	Policy type	Death benefit (\$)	Beneficiary	Monthly premium (\$)
Disability insurance coverag	е				
Description	Insured	Policy type	Monthly benefit ( % or \$)		Monthly premium (\$)
Long-term care insurance co	overage				
Descr	iption	Insured	Benefit a	mount (\$)	Monthly premium (\$)



# Retirement goal

	Client	Co-Client
Retirement age		
Life expectancy		

#### Retirement expense

Description	Family member	Туре	Amount/Frequency	Start date	End date

#### Retirement income

Description	Family member	Income type	Amount/Frequency	Start date	End date

Account description	% or \$ linked to retirement goal



# **Education goals**

	Goal 1	Goal 2	Goal 3
Family member			
Annual education cost (in today's \$)			
Education's start age			
Index costs by			
Number of years			
Account d	escription	% or \$ linked to	education goals

# Major purchase goals

	Goal 1	Goal 2	Goal 3
Description			
Family member			
Purchase date			
Amount (in today's \$)			
Index cost by			
Account d	escription	% or \$ linked to ma	ajor purchase goals

### Emergency fund goal

Choose one:





# Survivor income

	lf client dies	lf co-client dies	If both die		
	Lump sum needs				
Emergency fund					
Final expense (burial, probate, etc.)					
Any additional needs					
	Ongoing needs				
\$ or % of income					
Numbers of years to cover					
Ongoing incomes					
Include Social Security					

# Disability income

% of lifestyle expenses to cover

	Client	Co-client
Pay off outstanding		
liabilities?		
% to cover major		
purchase goals		

# Long-term care

% of lifestyle expenses to cover during LTC	% of lifestyle expenses to cover during survivorship	
	Client	Co-client
Will enter LTC at age:		
LTC period		

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