



## FINANCIAL PLANNING FACT FINDER

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Marital status:  Single  Married  Divorced  Widowed  Together, not married

Spouse's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's date of birth: \_\_\_/\_\_\_/\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Children: \_\_\_\_\_

### FINANCIAL GOALS:

What are the main reasons you came to see us? \_\_\_\_\_

### FINANCIAL DATA:

Annual Gross Income: \$ \_\_\_\_\_ Spouse Gross Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_ Spouse Other Income: \$ \_\_\_\_\_

Social Security Benefit: \$ \_\_\_\_\_ Spouse Social Security: \$ \_\_\_\_\_

\*If not yet receiving Social Security, please bring current benefit estimate - visit SSA.Gov\*

Pension Benefit: \$ \_\_\_\_\_ Survivor \_\_\_\_\_% COLA \_\_\_\_\_% Spouse Pension: \$ \_\_\_\_\_ Survivor \_\_\_\_\_% COLA \_\_\_\_\_%

Lump Sum Option: \_\_\_\_\_ Spouse Lump Sum Option: \_\_\_\_\_

\*If not yet receiving pension, please bring pension benefit estimate/statement\*

Effective Tax Rate: \_\_\_\_\_%

### **Expenses**

Monthly expenses not including housing & debt payments: \_\_\_\_\_ Annual: \_\_\_\_\_

\*Reverse engineer by calculating your monthly net income and subtracting how much you save each month/year\*

Liabilities	Monthly Payment (Principal & Interest)	Loan Balance	Interest Rate
Mortgage (or rent)	\$ _____	\$ _____	% _____
Education loan	\$ _____	\$ _____	% _____
Auto loan	\$ _____	\$ _____	% _____
Credit card	\$ _____	\$ _____	% _____
	\$ _____	\$ _____	% _____

Any upcoming special expenses or retirement specific expenses you wish to plan for? \_\_\_\_\_

## ASSETS

Account Type	Owner	Account Value	Monthly Additions	Match %	Investment Strategy
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

\*Supporting documents (account statements, S.S. statements etc.) are always helpful for building your retirement analysis\*

Real Estate (Non-Residence) & Other Assets	Value	Loan Balance	Rate %	Monthly Income	Monthly Expense
	\$	\$	%	\$	\$
	\$	\$	%	\$	\$
	\$	\$	%	\$	\$

## ESTATE PLANNING

Do you have a will?  Yes  No      POA?  Yes  No      Trust?  Yes  No

Please list any life insurance or long term care policies you or your spouse own:

Insurance Type	Maturity Date	Policy Owner	Beneficiary	Insured Amount	Cash Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$

### Priority areas of interest/need:

Retirement Income Strategies     Investment Solutions     Tax Strategies & Efficiency

Wealth Accumulation     Education Planning     Legacy Planning & Gifting

### Areas of concerns:

Healthcare     Running Out of Income     Market Volatility     Debt     Maintain Standard of Living

### Investor risk tolerance:

Conservative     Moderate     Growth

Additional information, comments, or questions:

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