



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: