

CONFIDENTIAL PERSONAL FACT FINDER

FAMILY DATA:

CLIENT (A) NAME: _____ DOB: _____ SMOKER: Y/N
CLIENT (B) NAME: _____ DOB: _____ SMOKER: Y/N
PHONE # (H) _____ (CELL) _____ (W) _____
PHONE # (H) _____ (CELL) _____ (W) _____
Employer/Occupation (A) _____
Employer/Occupation (B) _____
Children (Names and DOB) _____

1. How did you hear about us, and what do you know about our company?

2. What are you currently doing in the way of Financial Planning?

3. What do you like most about what you are doing financially?

4. What do you feel is the best investment you ever made? Why?

5. When was the last time you met with your Financial Adviser? Spoke to ?

6. What don't you like about your current Financial Plan?

7. What would you like to see enhanced or improved?

8. How would you describe your ideal Plan?

9. What has been your past experience with Financial Planning?

10. What would you ideally like to accomplish with your plan and investments?

11. Tell me about your decision making process.

What conditions of satisfaction do you have for you to work with me? _____
If I can enhance your current plan, will you work with me? _____
How often do you want to hear from me? Be contacted? Be seen? _____
With these conditions met, do you want to work with me? _____

FAMILY DATA:

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PHONE # (H) _____ (CELL) _____ (W) _____
Employer/Occupation (A) _____
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Children (Names and DOB) _____

TAX INFORMATION:

Income (A) _____ Income (B) _____ Total: _____
Tax Bracket _____ % Fed Taxes Paid Last Year _____ State Taxes _____

SUITABILITY, GOALS & ASSUMPTIONS:

Investment Attitude: Conservation 1 2 3 4 5 6 7 8 9 10 Aggressive
_____ % is the greatest loss should stand in a 90 day period
_____ % Inflation Assumption

Investment Features: Rank from 1 to 10 in order of importance:

_____ Capital Preservation _____ Legacy Planning _____ Emergency Fund
_____ Current Income _____ Retirement Income _____ Tax Benefits
_____ Capital Growth _____ College Funding _____ Lifetime Gifting
_____ Other _____

Retirement Age: Client A Client B _____ % Of Today's Income _____ # of Years _____
College Funding (circle type): _____ Private in _____ Years; _____ Public in _____ Years; _____ Ivy League in _____ Years
Disability Income: Client A _____ % For _____ Years Client B _____ % For _____ Years
Survivor Income: Client A _____ Client B _____

Liabilities:

Short Term _____ Mortgage _____ Other _____

Assets:

Cash Reserves _____
Non-Retirement Securities _____
Retirement Plans _____
Residence, Autos, Personal Property _____
Other Assets _____

Insurance:

Health _____
Disability _____
Life _____
Long Term Care _____

Other:

Will _____ Trust _____ Last updated _____ None _____
Accountant _____
Attorney _____

Notes _____

