

Client Fact Finder

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CONFIDENTIAL

Date: _____

Personal Data

Client A

Client B

	Client A	Client B
Name		
Home Address		
Telephone		
Birthdate / Age		
Social Security		
Occupation		
Self Employed?		
Company		
Business Address		
Telephone		
Fax		
Attorney		
Accountant		
	Children's Name	Birthday
	1.	
	2.	
	3.	
	4.	

Financial Objectives

(Number in order of importance)

Goals

- _____ Lower Income Taxes
- _____ Hedge Inflation
- _____ Plan Retirement Income
- _____ Reduce Estate Taxes
- _____ Avoid Probate Fees & Delays
- _____ Reduce Insurance Premiums
- _____ Increase Net Worth
- _____ Increase Current Income
- _____ Assure Proper Disposition of Assets
- _____ Organize Financial Affairs
- _____ Peace of Mind
- _____ Other:

Desired Investment Features

- _____ Liquidity
- _____ Current Income
- _____ Growth
- _____ Future Income
- _____ Tax Advantages
- _____ Safety

Your Investment Attitude (circle one)

	Conservative					Aggressive				
Client A	1	2	3	4	5	6	7	8	9	10
Client B	1	2	3	4	5	6	7	8	9	10

Insurance

Life Insurance

Company	Insured	Owner	Death Benefit	Beneficiary	Annual Premium	Loans

Disability Insurance

Company	Monthly Benefit	Delay before benefits begin	Length of benefit period	Actual Premium

Health Insurance

Company	Deductible	Maximum limits	Annual Premium

Automobile Insurance

Company	Liability Coverage	Collision (Deductible)	Comprehensive	Medical Amount	Expiration Date	Annual Prem

Homeowner's Insurance

Company	Fire Amount	Extended Ins (flood)	Personal Liab/Prop	Medical	Umbr Cover	Expiration Date	Annual Prem

Real Estate

Type of Property	Ownership % Client A/B	\$ Market Value	\$ Mortgage Balance	\$ Monthly Paymt. (P& I)	Interest Rate	\$ Equity	\$ Property Taxes
Principal Residence							
2nd Mortgage							
Second Home							
Invest/Rental							
TOTAL \$ VALUE							

Business Assets

	\$ Value of Business	Tangible Assets	% Ownership	\$ Present value	Receivables (\$ owed you)	Loans Payables
Client A						
Client B						
TOTAL \$ VALUE						

Assets

Cash

Type	Institution	\$ Current Balance	Interest Rate %	Period	Amount
Checking					
Checking					
Passbook Savings					
Certificate of Deposit					
Certificate of Deposit					
Money Market Fund					
TOTAL \$ VALUE					

Securities

Name	Type	Owner A/B	# Shares	\$ Value	\$ Margin debt
TOTAL \$ VALUE					

IRA's & KEOGH's

Name	Type	Plan I or K	Owner A/B	# Shares	\$ Value	Addition
TOTAL \$ VALUE						

Employer Sponsored Retirement Plans

	\$ Current Value (lump sum)	\$ Monthly Benefits Expected	Current Death Benefit
Pension - Client A			
Pension - Client B			
TSA - Client A			
TSA - Client B			
Profit Sharing-Client A			
Profit Sharing-Client B			
TOTAL \$ VALUE			

Balance Sheet

Assets

Real Estate _____
Cash Reserves _____
Securities _____
IRA's KEOGH's _____
Employer Retirement _____
Business Value _____
Personal Property _____
Life Insurance (cash value) _____
Money owed you _____
Other _____
Other _____

TOTAL ASSETS _____

Liabilities

All Mortgages (balance) _____
Long Term Loans _____
Short Term Loans _____
Loans against Insurance _____
Revolving Charges _____

Other _____
Other _____

TOTAL LIABILITIES _____

NET WORTH _____

Cash Flow

Savings/Investment	\$ Monthly	Taxes/Insurance	\$ Monthly	Living Expenses	\$ Monthly
Saving Account		Federal Income Tax		Housing/other mortgage	
Money Market Fund		State Income Tax		Auto/Transportation	
IRA		FICA		Debt Repayment	
KEOGH		Property Taxes		Food	
Pension Plans		Other Taxes		Medical/Dental	
Mutual Funds		Life Insurance		Entertainment	
Stocks, Bonds		Disability Insurance		Education	
Other		Health/Dental Ins.		Vacation	
TOTAL SAVINGS		Homeowner's Ins.		Home Maintance/Furn.	
		Auto Insurance		Utilities	
		Other		Charity	
		TOTAL TAX/INS.		Clothes	
				Miscellaneous	
				Bus. Exp. not covered	
				TOTAL EXPENSES	

Income

Income Detail

Present Annual Income	\$ Client A	\$ Client B	Anticipated Income (next 2 years)	20__	20__
Salary/Wages & Bonus			Combined Salary/Bonus		
Self Employment Net			Combined Self-Employ		
Interest Income			Interest Income		
Dividends			Dividends		
Capital Gains			Capital Gains		
Net Rental Income			Net Rental Income		
Trusts			Trusts		
Social Security Benefits			Social Security Benefits		
IRA/KEOGH			IRA/KEOGH		
Pensions/Military Ret.			Pensions/Military Ret.		
Other Money Owed You			Other Money Owed You		
TOTAL INCOME	\$	\$	TOTAL	\$	\$

Income Tax Data

Filing Status (check one): <input type="checkbox"/> Married/Joint <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Separately	
1. Estimated Total Taxable Income (current year)	\$
2. Non-taxable Income (e.g. Social Security Benefits, exmpt interest etc...)	
3. KEOGH/SEP Deduction	
4. Other Adjustments	
5. Modified Adjusted Gross Income (line 1 minus lines 2, 3, 4)	
6. IRA Deduction and Standard or Itemized Deductions	
7. Exemptions	
8. Family Net Taxable Income (line 5 minus lines 6 & 7)	\$
Total Taxes Paid Last Year: Federal \$_____ State \$_____ FICA \$_____	

Future Considerations

Educational Considerations			Retirement Considerations			
Name of Child	Yrs. Before College	Educational \$ Goal	Years until retirement:	Actual _____	Desired _____	
_____	_____	\$ _____	Desired monthly income:	\$ _____		
_____	_____	\$ _____	Sources of monthly Income:			
_____	_____	\$ _____		_____ Soc. Security	_____ Pension	
				_____ Investment	_____ Other	
Disability Considerations			Estate Considerations			
Family's monthly income requirement: \$ _____			Family's monthly income requirement: \$ _____			
Spouse's estimated income:		\$ _____	Do you have a will?	Client A	yes _____	no _____
				Client B	yes _____	no _____

Client Remarks
