

Fact Finder — Level 1



Client Information

	First Name	Last Name	Date of Birth (mm/dd/yy)	Gender	Tax Filing Status (Married-joint, Married-separate, Head of household, Single)
Client				M <input type="checkbox"/> F <input type="checkbox"/>	
Co-client				M <input type="checkbox"/> F <input type="checkbox"/>	
Street		City	State	Zip Code	
Home Phone Number		Business Phone Number	E-mail Address		

Family Members

First Name	Last Name	Date of Birth (mm/dd/yy)	Relationship (Son, Daughter, Cousin, etc.)	Dependent of

Net Worth

Lifestyle Assets	Current Value (\$)	Liabilities	Balance (\$)	Interest Rate (%)	Monthly Payment (\$)
Residence (i.e. home)		Mortgage			
2nd Residence (i.e. vacation home)		Mortgage 2			
Personal Use Property (i.e. car, boat)		Car Loans			
Other Personal Assets		Personal Loans			
		Other Debt			

NOTES: _____

Accounts

Description	Account Type <small>(Non-qualified, IRA, 401(k), 403(b), 529 Plan, etc.)</small>	Owner <small>(Client, Co-Client, Joint, Other family member)</small>	Current Value (\$)	Cost Basis (\$)	Asset Class Weightings OR Rate of Return	Employee Monthly Savings (\$)	Employer Monthly Savings (\$)

Cash Flow

Gross Annual Income	Member	Amount (\$)	Applicable Period	Monthly Expenses	Amount (\$)	Applicable Period	Fixed Expense
Salary				Housing			<input type="checkbox"/>
Salary				Food			<input type="checkbox"/>
Bonus				Transportation			<input type="checkbox"/>
Bonus				Entertainment			<input type="checkbox"/>
				Personal			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

	Client	Co-client
Include Social Security	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Calculate based on Salary/Self-employment income?	▶ Note: "Choose the method in which NaviPlan incorporates Social Security into the plan. NaviPlan can calculate the benefits based on salary or self-employed incomes entered under Cash Flow. Alternatively, directly enter the estimated benefits provided to the client on their Social Security statement."	
<input type="checkbox"/> Social Security Statement (attach copy)		

Pension

Description	Member	Benefits Start Date	Est. Annual Amount or % of Final Salary	% Payable to Survivor

NOTES: _____

Insurance Coverage

Life Insurance Coverage

Description	Insured	Policy Type (Term, Whole Life, Universal Life, Variable Life, etc.)	Death Benefit (\$)	Beneficiary	Monthly Premium (\$)

Disability Insurance Coverage

Description	Insured	Policy Type (Group STD, Group LTD, Individual)	Monthly Benefit (% or \$)	Monthly Premium (\$)

Long-term Care Insurance Coverage

Description	Insured	Daily Benefit Amount (\$)	Monthly Premium (\$)

Retirement Goal

	Client	Co-client
Retirement Age		
Life Expectancy		

Retirement Expenses

Description	Member	Amount/Frequency (\$2,000/mo. or \$24,000/yr.)	Applicable Period	Fixed Expense	Tfr to Survivor
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Retirement Incomes

Description	Member	Income Type (Social Security, Salary, Self-employed, etc.)	Amount/frequency (\$2,000/mo. or \$24,000/yr.)	Applicable Period

Goal Funding

List the accounts available for Retirement and enter the appropriate % or \$ amount. Note: An account can be used to fund more than one goal.	Account Description	% or \$ linked to Retirement

Education Goal

	Goal 1	Goal 2	Goal 3
Member			
Education Start Age			
Index Cost by			
Annual Education Cost (today's \$)			
Number of Years			

Goal Funding

Account Description	% or \$ linked to Education Goals

Major Purchase Goal

	Goal 1	Goal 2	Goal 3
Description			
Member			
Target Date			
Cost (today's \$)			
Index Cost by			

Goal Funding

Account Description	% or \$ linked to Major Purchase Goals

Emergency Fund

Multiple of average monthly expenses ___ months	OR	Target Amount (\$)	Reserve asset for Emergency Fund until: <input type="checkbox"/> Retirement <input type="checkbox"/> End of Plan
Index By (%)		Index By (%)	

Goal Funding

Account Description	% or \$ linked to Emergency Fund

Insurance Analysis

Survivor Income

	Client	Co-client	If Both Die
Percentage of lifestyle expenses to cover ___%	<input type="checkbox"/>	<input type="checkbox"/>	
ROR on Life Insurance Proceeds ___%	<input type="checkbox"/>	<input type="checkbox"/>	
Cover Major Purchase Goals			
Pay off liabilities			
Total Lump Sum Expenses on Death (\$)			
Annual Ongoing Expenses (\$)			
Number of Years			

Disability Income

	Client	Co-client
Percentage of lifestyle expenses to cover ___%	<input type="checkbox"/>	<input type="checkbox"/>
Cover Major Purchase Goals		
Pay off liabilities		

Long-term Care

	Client	Co-client
Percentage of lifestyle expenses to cover ___%		
Additional Daily LTC Expenses (\$)		