

Fact Finder — Financial Assessment



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	Outstanding Amount (\$)	Interest Rate (%)	Monthly Payments
Residence (i.e. home)		Mortgages			
2nd Residence (i.e. vacation home)		Car Loans			
Personal Use Property (i.e. car, boat)		Personal Loans			
Other Personal Assets		Other Debt			

Cash Flow

	Gross Annual Income	Monthly Expenses	Amount
Client		Housing (i.e. utilities, repairs)	
Co-client		Food	
<p>► Note: Expenses can be entered as one total amount to simplify data entry.</p>		Transportation (i.e. gas, insurance)	
		Entertainment (i.e. restaurants, movies)	
		Personal (i.e. clothing, hobbies)	
		Other (i.e. child care, travel)	

Retirement Goal

	Client	Co-client	Joint
Desired Annual Retirement Income (today's \$)			
_____ (after tax \$)			
Retirement Age			
Life Expectancy			
Include Social Security			
Estimated Annual Pension Income (today's \$)			
Non-Qualified Current Value			
Monthly Savings			
Qualified Current Value			
Monthly Savings: Employee			
Monthly Savings: Employer			
Assumed Return Rate (%)			

Education Goal

	Goal 1	Goal 2	Goal 3
Family Member			
Annual Education Costs (today's \$)			
Index Costs by			
Education Start Age			
Number of Years			
Current Amount Saved			
Current Monthly Savings			
Assumed Return Rate (%)			

Life Insurance

Percentage of lifestyle expenses to cover	____%	
	Client	Co-client
Existing Coverage		
Monthly Premium		

Major Purchase Goal

	Goal 1	Goal 2	Goal 3
Description			
Purchase Date			
Cost (today's \$)			
Index Costs by			
Current Amount Saved			
Current Monthly Savings			
Assumed Return Rate (%)			

Disability Insurance

Percentage of lifestyle expenses to cover	____%	
	Client	Co-client
Short-Term Coverage		
Monthly Benefits		
Duration (months)		
Monthly Premium		
Long-Term Coverage		
Monthly Benefits		
Benefits End at Age		
Monthly Premium		