

NaviPlan

Financial Planning Software

NaviPlan Standard Fact Finder

Client Name:

Client Name:

Advisor Name

Date (mm/dd/yy):



Overview

This *Fact Finder* is designed to help you gather the required information for your client's customized financial plan. The questionnaire's easy-to-follow format will allow you to enter your client's required personal data and financial details. These items are necessary for you to create a complete and thorough picture of your client's *current* and *future* financial situation.

The following sources will provide you with most of this information:

- Tax returns
- Pension statement from employer
- All life insurance and disability insurance policies
- Latest statements from trust companies, brokers, investment companies and banks pertaining to investments
- Budget of personal and living expenses
- Latest mortgage and other loan statements
- Latest will, power of attorney
- Other relevant documentation

Client Information

Base Family

(co-client if different)

Last Name:		
Marital Status (e.g., married, divorced, single):		
Number of Dependents:		
Address:		
City:		
State:		
Country:		
Zip Code:		
Home Phone Number:		

Basic

	Client	Co-client
Given Name:		
Gender:		
Date of Birth (mm/dd/yy):		
Social Security Number (optional):		
Occupation		
Fax # (co-client if different):		
Business # (co-client if different):		
E-mail:		

Name of Child or Dependent	Gender	Date of Birth

Additional Notes (Use this section to enter any other Client Information that you feel would be relevant to your client's financial plan.)

Advisors

Advisory Type <small>(Accountant, etc.)</small>	Full Name	Address	Business #

Additional Notes *(Use this section to enter any other Client Information that you feel would be relevant to your client's financial plan.)*

Will Information

	Client	Co-client
Is there a Will? <small>(yes or no):</small>		
What date was the Will last updated on?:		
Where is the Will located? <small>(safety deposit box, etc.):</small>		

Estate Beneficiaries *(Use this section to enter basic information about the beneficiaries of the estate. Dependents are automatically included as potential heirs.)*

Beneficiary Name	Class <small>(e.g., heir/charity/other):</small>	GSTT Applicable for Client <small>(yes / no)</small>	GSTT Applicable for Co-Client <small>(yes / no)</small>	50% Charity <small>(applies to charitable beneficiary only) (yes / no)</small>

Additional Notes *(Use this section to enter any other Client Information that you feel would be relevant to your client's financial plan.)*

Assumptions

Risk Profile

Model Portfolio (if applicable):	
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Milestones

	Client	Co-client
Retirement Date (age / year):		
Life Expectancy (age / year):		

Historical Data

Capital Loss Carryovers	Client	Co-client
Short-Term Capital Loss Carryovers:		
Long-Term Capital Loss Carryovers::		

Tax

Pre-retirement

Member	Filing Type (e.g. married-joint, head of household, single)	Income (annual amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client				
Co-client (if applicable)				

Retirement (if different than pre-retirement)

Member	Filing Type (e.g. married-joint, head of household, single)	Income (annual amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client				
Co-client (if applicable)				

Death (This applies to your tax rates in the year of last member's death. This will include income from certain assets from your estate. Do not include estate taxes)

Member	Filing Type (e.g. married-joint, head of household, single)	Income (annual amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client				
Co-client (if applicable)				

Economic Factors

Projected Inflation: % _____

Additional Notes (Use this section to enter any other Assumptions that you feel would be relevant to your client's financial plan.)

Incomes

Standard

Description	Member <i>(client, co-client)</i>	Amount <i>(annual)</i>	Index Rate	Applicable Period <i>(while working, while retired, during LTC, both, other – e.g. Jan 2000 – Dec 2011)</i>	% While in LTC
Employment Salary:	client				
Employment Salary:	co-client				
Employment Bonus:					
Self-employed Earned:					
Tax-Free Income:					
Royalty Income:					
Alimony:					
Child Support:					

Defined Benefit Plans.....(Attach pension statements or obtain information from the client's company pension administrator. The calculations may be overridden and the pension benefits may be entered under the **Benefit Payments** tab.)

General

	Pension 1	Pension 2	Pension 3
Owner <i>(client, co-client)</i> :			
Description:			
Linked Incomes <i>(income to which the pension applies)</i> :			
Pension Participation Date <i>(eligibility or enrollment date)</i> :			
Number of Years Average Salary:			
Pension Formula <i>(percent per year of service)</i> :			
Accrue Pension Credits while Disabled <i>(yes / no)</i> :			

Benefit Calculation

	Pension 1	Pension 2	Pension 3
Benefits Begin <i>(age, date, at retirement or when disabled)</i> :			
Percent Payable to Survivor <i>(if applicable)</i> :			
Benefit Reduction for Survivor Coverage <i>(if applicable)</i> :			
Benefit Indexing <i>(specify maximum indexing if applicable)</i> :			
Normal Retirement Age <i>(as specified by the pension plan)</i> :			
Qualifying Factor <i>(as specified by the pension plan)</i> :			
Percent Penalty for Early Retirement <i>(per year)</i> :			
Minimum Retirement Age for Unreduced Benefit:			

Additional Notes Use this section to enter any other Income information that you feel would be relevant to your client's financial plan.

Social Security

Owner <i>(client, co-client)</i>	Eligible for Benefits <i>(percentage)</i>	Benefits Start Age	Years Worked to Date <i>(if know)</i>	Benefits Based on Average Annual Salary <i>(if applicable)</i>	Estimated Monthly Benefit <i>(if know)</i>

Applicable Benefits to be included in plan:

Retirement Benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Survivor Benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disability Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional Notes Use this section to enter any other Income information that you feel would be relevant to your client's financial plan.

Expenses

Lifestyle *(Expenses in retirement are in the "Retirement Goal" section.)*

(If you share your common lifestyle expenses, just enter the total for one person. Expenses may be combined or broken down into sub-categories.)

Description	Member <i>(Client / Co-client)</i>	Monthly Amount	Index Rate	Applicable Period While Working <i>(e.g. Jan 15, 2000 - Jan 15, 2025)</i>
Housing				
Food				
Transportation				
Entertainment				
Personal				

Employment

Description	Member <i>(Client / Co-client)</i>	Monthly Amount	Index Rate	Applicable Period While Working <i>(e.g. Jan 15, 2000 - Jan 15, 2025)</i>
Employment				
Business				

Additional Notes Use this section to enter any other Expense information that you feel would be relevant to your client's financial plan.

Assets

Qualified (Use a separate sheet to enter additional assets.)

Description <small>(name)</small>	Owner <small>(client, co-client)</small>	Type <small>(e.g. IRA, 401(k), 529, other)</small>	Purchase Date <small>(if known)</small>	Market Value <small>(as of the start of the year)</small>	Return Rate	Available during Long-Term Care <small>(yes/no)</small>

Additional Notes Use this section to enter any other Qualified Asset information that you feel would be relevant to your client's financial plan.

Non-Qualified (Use a separate sheet to enter additional assets.)

(Under Market Value enter each asset type's **aggregate** value as of the start of the year. Break down each asset's expected return rate based on its return component - e.g., if a Mutual Fund asset is earning 2% **Interest**, 2% **Dividends**, 4% **Capital Gains** and 4% **Deferred Growth**, you would enter **2-I, 2-D, 4-CG, 4-DG**. Or, you may prefer to include investment statements for any or all of this section.)

Description <small>(abc mutual fund, UTMA, etc)</small>	Type <small>(e.g. mutual fund, stock, bond)</small>	Owner <small>(client, co-client, joint, child)</small>	Linked To <small>(retirement, education, etc.)</small>	Purchase Date <small>(if known)</small>	Market Value <small>(as of the start of the year)</small>	Cost Basis <small>(as of the start of the year)</small>	Rate of Return* <small>(interest = I, dividend = D, capital gains = CG, deferred growth = DG, tax free = TF)</small>	Available during Long-Term Care <small>(yes/no)</small>

Additional Notes Use this section to enter any other Non-Qualified Asset information that you feel would be relevant to your client's financial plan.

*Dividend income that does not qualify for the rate reduction should be entered as interest income.

Lifestyle

(Use a separate sheet to enter additional assets.)

Description <i>(name)</i>	Type <i>(e.g. personal use property, residence)</i>	Owner <i>(client, co-client, joint, community property)</i>	Purchase Date	Purchase Amount <i>(cost basis)</i>	Market Value <i>(as of the start of the year)</i>	Growth Rate <i>(%)</i>

Deferred Annuities (Use a separate sheet to enter additional annuities.)

Annuity #1

Name : _____	Type: <i>(e.g., Amount Certain, Term Certain, Life Income, etc.)</i>
Ownership : _____	Annuitant(s) : Client <input type="checkbox"/> Co-Client <input type="checkbox"/>
Joint <input type="checkbox"/> First to Die <input type="checkbox"/> Last to Die <input type="checkbox"/> Percent to Survivor :	Beneficiary :
Issue Date : Account type : General <input type="checkbox"/> Separate <input type="checkbox"/>	Initial Premium \$: Cost Basis \$:
Balance or Market Value \$:	Annuitization Start Date:
Type of Annuitization :	Payment Frequency : Guaranteed Number of Years:

Annuity #2

Name : _____	Type : <i>(e.g., Amount Certain, Term Certain, Life Income, etc.)</i>
Ownership : _____	Annuitant(s) : Client <input type="checkbox"/> Co-Client <input type="checkbox"/>
Joint <input type="checkbox"/> First to Die <input type="checkbox"/> Last to Die <input type="checkbox"/> Percent to Survivor :	Beneficiary :
Issue Date : Account type: General <input type="checkbox"/> Separate <input type="checkbox"/>	Initial Premium \$: Cost Basis \$:
Balance or Market Value \$:	Annuitization Start Date:
Type of Annuitization :	Payment Frequency : Guaranteed Number of Years:

Annuity #3

Name :	Type : <i>(e.g., Amount Certain, Term Certain, Life Income, etc.)</i>
Ownership :	Annuitant(s) : Client <input type="checkbox"/> Co-Client <input type="checkbox"/>
Joint <input type="checkbox"/> First to Die <input type="checkbox"/> Last to Die <input type="checkbox"/> Percent to Survivor :	Beneficiary :
Issue Date : Account type : General <input type="checkbox"/> Separate <input type="checkbox"/>	Initial Premium \$: Cost Basis \$:
Balance or Market Value \$:	Annuitization Start Date:
Type of Annuitization :	Payment Frequency : Guaranteed Number of Years:

Additional Notes Use this section to enter any other Deferred Annuities information that you feel would be relevant to your client's financial plan.

Liabilities

Liabilities (Use a separate sheet to enter additional liabilities)

Description	Owner <small>(client, co-client, joint)</small>	Life Insured <small>(yes / no)</small>	Disability Insured <small>(yes / no)</small>	Interest Tax Deductible <small>(yes / no)</small>	Start Date	Int. Rate	Amortization <small>(years or end date)</small>	Principal Amount	Principal Date <small>(as of)</small>	Pmt. Type <small>(e.g. interest only, PI)</small>	Pmt. Freq. <small>(e.g. weekly, monthly)</small>

Additional Notes Use this section to enter any other Loan information that you feel would be relevant to your client's financial plan.

Strategies

Use this section to tell us about any planning strategies that your client is currently applying (e.g. regular savings to an investment, additional payments towards a loan's principal, etc.). Use a separate sheet to enter additional strategies.

Savings

Regular

(Savings made on a regular basis)

Asset Name	Amount	Index Rate	Frequency <small>(e.g. monthly, weekly)</small>	Savings Period <small>(while working, while retired, both other- e.g. Start date – End date)</small>

Lump Sum

(Savings made in one or more lump sums.)

Asset Name	Amount	Indexed to Inflation <small>(yes / no)</small>	Date

Additional Notes Use this section to enter any other Strategies information that you feel would be relevant to your client's financial plan.

Goals

Retirement

Desired Income (after tax) : \$ _____	Indexed to Inflation? : Yes <input type="checkbox"/> No <input type="checkbox"/>
Savings Plan Start Date : _____	Indexed to Inflation? : Yes <input type="checkbox"/> No <input type="checkbox"/>

(Maximum Additional Monthly Savings you would consider for retirement) \$ _____

Link the additional Non-Qualified Assets to this Goal:

Education

Description <small>(e.g. John's college tuition)</small>	Education Index Rate	Education Start Age	Yearly Education Costs	Number of Years	Savings Plan Start Date
Goal 1					
Goal 2					
Goal 3					
Goal 4					

(Maximum Additional Monthly Savings you would consider for **all** education goals.) \$ _____

Linked Assets: (Link the following assets to each goal as defined above.)

Goal 1: _____

Goal 2: _____

Goal 3: _____

Goal 4: _____

Major Purchase

Description <small>(e.g. Vacation)</small>	Purchase Amount	Purchase Indexed Rate	Purchase Date	Savings Plan Start Date
Goal 1				
Goal 2				
Goal 3				
Goal 4				

(Maximum Additional Monthly Savings you would consider for **all** major purchase goals.) \$ _____

Linked Assets: (Link the following assets to each goal as defined above.)

Goal 1: _____

Goal 2: _____

Goal 3: _____

Goal 4: _____

Insurance and Estate Planning

Life Insurance

Calculated Life Insurance Required for :	Client <input type="checkbox"/>	Co-client <input type="checkbox"/>	Survivorship Needs <input type="checkbox"/>
Percentage of Retirement Goal to Cover : %	Percentage of Expenses to Cover : %		
Additional Annual Incomes/Survivor's Annual Income :			
<i>(rate of return applied to insurance proceeds)</i>			

Member	Lump Sum Needs	Needs Indexed to Inflation <i>(yes / no)</i>	Annual Income Needs <i>(e.g. child care)</i>	Expenses Indexed to Inflation <i>(yes / no)</i>
Client				
Co-client				

Proceeds Earn : %	Premium per \$1,000 : \$
<i>(typical return on asset)</i>	

Coverage Owned (Existing Life Policies)

Type <i>(e.g. whole life, variable, term)</i>	Policy Name	Premium Payer	Insured Member <i>(e.g. client, co-client joint 1st to die, other)</i>	Beneficiary <i>(e.g. client, co-client, other)</i>	Premiums*	Death Benefit*	Cash Surrender Value*

(* If the death benefits, premiums or CSVs are not level, attach the appropriate schedule.)

Additional Notes Use this section to enter any other Life Insurance information that you feel would be relevant to your client's financial plan.

Disability Insurance

Calculated Disability Insurance Required for :	Client <input type="checkbox"/>	Co-client <input type="checkbox"/>	
Percentage of Retirement Goal to Cover : %	Percentage of Expenses to Cover : %		

Member	Lump Sum Needs	Needs Indexed to Inflation <small>(yes / no)</small>	Additional Annual Expenses <small>(e.g. nursing care)</small>	Expenses Indexed to Inflation <small>(yes / no)</small>
Client				
Co-client				

Coverage Owned (Existing Disability Insurance Policies)

Description <small>(group LTD, group STD, individual disability)</small>	Insured Member	Effective Date	Monthly Benefit	Taxable <small>(yes / no)</small>	Waiting Period	Monthly Premium	Coverage Applies Until Age

Additional Notes Use this section to enter any other Disability Insurance information that you feel would be relevant to your client's financial plan.

Long-Term Care Insurance

	Client	Co-client
Calculated LTC Insurance for:		
LTC Analysis Period (start and end date)		

Long-Term Care Expenses

Member	Expense Type <i>(medical, lifestyle, etc)</i>	Daily Amount	Frequency	Indexed by Inflation	Number of years applicable	End Date
Client						
Co-client						

	Policy 1	Policy 2	Policy 3
Description:			
Insured Member:			
Effective Date:			
Daily Benefit:			
Frequency <i>(daily, monthly, etc.):</i>			
Index for Benefit Amount During Long-Term Care:			
Index for Benefit Amount Before Long-Term Care:			
Waiting Period:			
Benefit Paid Until <i>(years or age):</i>			
Monthly Premium:			
Premium Payer:			
Index Rate for Premium Amount:			
Premiums Cease <i>(date or age):</i>			

Additional Notes Use this section to enter any other Long Term Care Insurance information that you feel would be relevant to your client's financial plan.

Estate Planning

Use this section to tell us about estate planning strategies that the client is already undertaking, or which you will suggest as part of the financial plan. Use the back of this sheet to enter additional information.

General

Additional Fees and Taxes (Use this section to enter any additional fees that may be calculated on the estate at disposition.)

Use Maximum Federal Credit <i>(yes/no)</i>	State Death Tax Rate	State Death Tax during Repeal	Probate Fee Rate	Administration Fee Rate

Historical Data (Use this section to enter information about historical estate taxes.)

	Client	Co-client
Taxable Lifetime Gifts:		
Gift Taxes Already Paid:		
Lifetime GSTT Exemption Used:		

Additional Notes Use this section to enter any other information that you feel would be relevant to your client's financial plan.

Funded Trusts

CST Information (funded trusts) (Use this section to enter basic information regarding any Credit Shelter Trusts that have been created as the result of a former spouse's death.)

Trust Name (Credit Shelter Trust):	
Market Value (start of year):	
Crummey Trust (yes / no):	
Cost Basis:	
Return Rate:	
Percent Income to Spouse:	
Percent Income to Heirs:	
Percent Heirs Tax Rate:	
Beneficiaries (Income):	
Beneficiaries (Remainder):	

CST Information (future trusts) (Use this section to enter basic information regarding a Credit Shelter Trust that will be created on a first to die basis. Enter this data under the Planner tab.)

Trust Name (Credit Shelter Trust):	
Amount (amount transferred or maximize remaining exclusion):	
Percent Income to Spouse:	
Percent Income to Heirs:	
Percent Heirs Tax Rate:	
Return Rate:	
Beneficiaries (Income):	
Beneficiaries (Remainder):	

QTIP Information (Use this section to enter basic information regarding any Qualified Terminal Interest Property Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name:			
Trust Tax Rate:			
Reverse QTIP Election (yes / no):			
GSTT Exemption (available at termination):			
Market Value:			
Cost Basis:			
Return Rates:			
Beneficiaries (Income):			
Beneficiaries (Remainder):			

ILIT Information (Use this section to enter basic information regarding any Irrevocable Life Insurance Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (Irrevocable Life Insurance Trust):			
Insured:			
Premium Payer:			
Death Benefit:			
Current CSV:			
Return Rate:			
Beneficiaries (Income):			
Beneficiaries (Remainder):			

Additional Notes Use this section to enter any other Income information that you feel would be relevant to your client's financial plan.

Gifting Growth & History (Use this section to enter estate gifting information.)

	Gift 1	Gift 2	Gift 3	Gift 4
Beneficiary Name:				
Growth Rate (on property given to beneficiary):				
Tax Rate on Growth:				
Prior Gifts From Client :				
Prior Gifts From Co-client :				
Prior Payments from Trusts of Client				
Prior Payments from Trusts of Co-client				

Estate Expenses (Use this section to enter information about expenses for the decedent.)

	Expense 1	Expense 2	Expense 3	Expense 4
Owner (client, co-client, first to die, second to die):				
Expense Name (eg Burial):				
Amount:				
Index To Inflation (yes / no):				

Additional Notes Use this section to enter any other Estate Planning information that you feel would be relevant to your client's financial plan.

