



## Comprehensive Fact Finder

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Client Name

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Client Signature

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Advisor Name

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Date

# CONTENTS

1. Risk Tolerance Questionnaire
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9. Liabilities
10. Insurance
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12. Additional Information & Professional Contacts
13. Vault Checklist

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List Attachments

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## RISK TOLERANCE QUESTIONNAIRE

Take a few minutes to complete this short questionnaire, which will create a recommended portfolio with the appropriate mix of assets. The score reflects the level of risk you're willing to take in your investment decisions.

2. If you own a home, do you have more than 30% equity?     Yes     No     I do not own a home

3. Which of the following best describes your current employment status?

- Full-Time     Part-Time     Retired     Unemployed

4. From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 or 15%. Which best describes your response?

- I would look for a way to invest more  
 I would take no action  
 I would be somewhat concerned  
 I would avoid any investment that could suddenly lose 15% of its value

5. Your portfolio from the previous question, now worth \$21,250, suddenly declines another \$2,125 or 10%. Which best describes your response?

- I would look for a way to invest more  
 I would take no action  
 I would be somewhat concerned  
 I would never have made this investment.

5. Have you invested in Equities?     Yes     No

6. Have you invested in Fixed Income?     Yes     No

7. Have you invested in Mutual Funds?     Yes     No

8. Have you invested in Options, Futures, or Derivatives?     Yes     No

9. How would you describe your investment knowledge?

- None  
 Limited  
 Good  
 Extensive

10. How much investment experience do you have?

- None  
 Limited (1 to 3 years)  
 Good (4 to 5 years)  
 Extensive (more than 5 years)

11. Do you have current income needs from your investments?     Yes     No

12. When will you begin to use your invested funds?

- Less than 2 years  
 2-5 years  
 6-10 years  
 More than 10 years

## FINANCIAL PRIORITIES

Please place a number next to your top 6 priorities from the list below:

### Client

- \_\_\_ Creating Retirement Income
- \_\_\_ Saving for Major Purchases
- \_\_\_ Minimizing Taxes
- \_\_\_ Insuring your assets
- \_\_\_ Caring for Parents
- \_\_\_ Planning for a Business
- \_\_\_ Saving for College
- \_\_\_ Managing a Budget
- \_\_\_ Insuring your Life
- \_\_\_ Providing a Legacy
- \_\_\_ Contributing to Charity

### Spouse

- \_\_\_ Creating Retirement Income
- \_\_\_ Saving for Major Purchases
- \_\_\_ Minimizing Taxes
- \_\_\_ Insuring your assets
- \_\_\_ Caring for Parents
- \_\_\_ Planning for a Business
- \_\_\_ Saving for College
- \_\_\_ Managing a Budget
- \_\_\_ Insuring your Life
- \_\_\_ Providing a Legacy
- \_\_\_ Contributing to Charity

## Retirement Goals

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Client Retirement Age

Spouse Retirement Age

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Annual Living Expenses

## Other Goals

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Goal Name

Start Year

End Year

---

Annual Amount

Funding Source

---

Goal Name

Start Year

End Year

---

Annual Amount

Funding Source

---

Goal Name

Start Year

End Year

---

Annual Amount

Funding Source

## Leave to Heirs

---

Amount

## Charities

---

Name

Public  Private

---

Name

Public  Private

## Goal - Notes

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## FAMILY INFORMATION

### Client

---

First

Last

---

Date of Birth

Gender:

Male  Female

Marital Status:

Single  Married  Separated  Divorced  Domestic Partnership  Widow/Widower

Citizenship:

U.S. Citizen  Resident Alien  Non-Resident Alien

### Spouse

---

First

Last

---

Date of Birth

Gender:

Male  Female

Marital Status:

Single  Married  Separated  Divorced  Domestic Partnership  Widow/Widower

Citizenship:

U.S. Citizen  Resident Alien  Non-Resident Alien

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Address Line 1

---

Address Line 2

---

City

State

Zip

---

Home Phone

Cell Phone

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Spouse Home Phone

E-mail Addresses

### Employment - Client

---

Employer Name

---

Title/Position

Length of Employment

---

Work Phone

Work Email Address

### Employment - Spouse

---

Employer Name

---

Title/Position

Length of Employment

---

Work Phone

Work Email Address

### Children

---

First Name

Last Name

Date of Birth

Gender:  Male  Female

Special Needs?:  Yes  No

Marital Status:

Single  Married  Domestic Partnership  Spouse Name

Separated  Divorced  Widow/Widower

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First Name	Last Name	Date of Birth
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Gender:  Male  Female      Special Needs?:  Yes  No

Marital Status: \_\_\_\_\_

Single       Married       Domestic Partnership      Spouse Name  
 Separated       Divorced       Widow/Widower

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First Name	Last Name	Date of Birth
------------	-----------	---------------

Gender:  Male  Female      Special Needs?:  Yes  No

Marital Status: \_\_\_\_\_

Single       Married       Domestic Partnership      Spouse Name  
 Separated       Divorced       Widow/Widower

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First Name	Last Name	Date of Birth
------------	-----------	---------------

Gender:  Male  Female      Special Needs?:  Yes  No

Marital Status: \_\_\_\_\_

Single       Married       Domestic Partnership      Spouse Name  
 Separated       Divorced       Widow/Widower

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First Name	Last Name	Date of Birth
------------	-----------	---------------

Gender:  Male  Female      Special Needs?:  Yes  No

Marital Status: \_\_\_\_\_

Single       Married       Domestic Partnership      Spouse Name  
 Separated       Divorced       Widow/Widower

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### Grandchildren

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First Name	Last Name	Date of Birth
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Gender:  Male  Female      Special Needs?:  Yes  No      Skip this Person?:  Yes  No

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Parent's Names

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First Name	Last Name	Date of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Special Needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Skip this Person?: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent's Names \_\_\_\_\_  
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First Name	Last Name	Date of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Special Needs?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Skip this Person?: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent's Names \_\_\_\_\_  
 -----

### Family Information - Notes

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PROPERTY

### Buy/Sell Transactions

Are you planning on selling an asset or property in the future?:  Yes  No

If yes, when are you planning to sell the asset or property? \_\_\_\_\_

Where do proceeds go from sale of asset or property? \_\_\_\_\_

Are you planning on buying an asset or property in the future?:  Yes  No

If yes, when are you planning to buy the asset or property? \_\_\_\_\_

What funds do you plan to use to buy asset or property? \_\_\_\_\_

### Real Estate

	PRIMARY RESIDENCE	SECONDARY RESIDENCE	INVESTMENT PROPERTY	INVESTMENT PROPERTY
Owner (Client, Spouse, Joint, etc.)				
Property Name				
Address 1				
Address 2				
City				
State				
Zip				
Purchase Year				
Current Value				
Tax Basis				



## Mortgages

	PRIMARY RESIDENCE	SECONDARY RESIDENCE	INVESTMENT PROPERTY	INVESTMENT PROPERTY
Owner (Client, Spouse, Joint, etc.)				
Mortgage Name				
Institution Name				
Online Access Available?				
Loan Type (Mortgage, Home Equity)				
Property Name				
Original Loan Amount				
Date of Loan				
Current Balance (As of Date)				
Interest Rate				
Loan Term				
Payment Frequency (Monthly, Quarterly, Semi-Annually, Annually)				
Repayment Type (Principal & Interest, Principal Only)				
Payment				
Balloon Period (Years)				
Is Interest Deductible? (Yes/No)				
Insured for Life (Yes/No)				

## Personal Property (Cars, Jewelry, Artwork, et al.)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Asset Name				
Current Value				
Tax Basis				

## Property - Notes

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# INVESTMENTS & ACCOUNTS

**Fill Out Tables Below or Attach Statements for All Accounts**

## Taxable

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Online Access Available?				
Margin Balance				
Total Value				
Tax Basis				
% Investment Income Distributed Annually, Pre-Retire				
% Investment Income Distributed Annually- Post-Retire				

## Cash Accounts (Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Online Access Available?				
Asset Type				
Margin Balance				
Total Value				
Tax Basis				

## Qualified Retirement (401(k), IRA, Money Purchase, Profit Sharing, 403(b) Pension, SEP, Other)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Asset Name				
Institution Name				
Online Access Available?				
Type				
Total Value				
Established Year				
Roth Value				
Roth Cost Basis				
Non-Roth Post-Tax Cost Basis				
Beneficiary				

## Roth IRAs

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Online Access Available?				
Total Value				
Roth Value				
Beneficiary				

## 529 Plans

	1	2	3	4
Grantor				
Beneficiary				
Institution Name				
Online Access Available?				
Total Value				

## CONTRIBUTIONS

### Employee Contribution (for 401(k) or 403(b))

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Employer Contribution (for 401(k) or 403(b))

	CLIENT	SPOUSE
Employer Match Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Non-Roth Post-Tax 401(K) Contributions

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Roth 401(K) Contributions

	CLIENT	SPOUSE
Percent of Salary		
Dollar Amount		
Maximum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No







## Monthly Expenses: What Goes Out

Taxes	
Federal	\$
State	\$
Local	\$
<b>Total:</b>	<b>\$</b>

Household (Essential)	
Mortgage/Rent	\$
Property Taxes	\$
Maintenance	\$
Home/Renter's Insurance	\$
Electricity	\$
Oil/Gas	\$
Water/Garbage/Sewer	\$
Telephone/Cell Phone	\$
Cable/Internet	\$
Credit Card Payments	\$
Other Debt (student loans, etc.)	\$
Other	\$
<b>Total:</b>	<b>\$</b>

Automobile & Transportation (Essential)	
Car Payment	\$
Maintenance/Repairs	\$
Gasoline	\$
License/Registration	\$
Insurance	\$
Other	\$
<b>Total:</b>	<b>\$</b>

Living Expenses (Essential)	
Food	\$
Clothing	\$
Beauty/Barber	\$
Other	\$
<b>Total:</b>	<b>\$</b>

Medical/Health (Essential)	
Health Insurance	\$
Life Insurance	\$
Long-Term Care Insurance	\$
Disability Insurance	\$
Dental Expenses	\$
Other	\$
<b>Total:</b>	<b>\$</b>

Family Care (Essential)	
Parent/Child Care	\$
Education	\$
Clothing	\$
Other	\$
<b>Total:</b>	<b>\$</b>

<b>TOTAL ESSENTIAL:</b>	<b>\$</b>
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Discretionary	
Entertainment	\$
Dining Out	\$
Hobbies	\$
Publications	\$
Education	\$
Traveling/Vacations	\$
Charitable Donations	\$
Gifts	\$
Professional/Social Dues	\$
Gym Membership	\$
Other	\$
<b>TOTAL DISCRETIONARY:</b>	<b>\$</b>

### Expense - Notes

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## LIABILITIES

### Fill Table Below or Attach

**Liabilities** (Credit Cards, Loc, Student Loans, ...etc. For Mortgages - See Property>Real estate)

	1	2	3	4
Owner (Client, Spouse, Joint, etc.)				
Institution Name				
Online Access Available? (Yes/No)				
Loan Type				
Original Loan Amount				
Date of Loan				
Current Balance				
Balance as of Date				
Interest Rate				
Number of Payments				
Payment Frequency**				
Repayment Type†				
Payment				

\*Loan Type: Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other  
†Repayment Type: Principal and Interest, Interest Only

\*\*Payment Frequency: Monthly, Quarterly, Semi-Annually, Annually

### Liabilities - Notes

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## INSURANCE

### Life Insurance – Fill Out Table Below or Attach Policy Summary

	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE	LIFE INSURANCE
Owner (Client, Spouse, Joint)					
Policy Type					
Term Year (if applicable)					
Insured					
Beneficiary					
Benefit Amount					
Premium					
Cash Value (if applicable)					

**Attach Insurance Policy/Policies - Fill Out Table Below or Attach Policy Summary**

	LONG TERM CARE	DISABILITY	PROPERTY/CASUALTY	MEDICAL	OTHER
Owner (Client, Spouse, Joint)					
Policy Type					
Term Year (if applicable)					
Insured					
Beneficiary					
Benefit Amount					
Premium					

**Insurance - Notes**

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**WILLS AND GIFTS**

**Trusts & Partnerships**

- Do you have existing trusts?  Yes  No  
*If yes, please attach trust documents*
- Are your assets in a revocable living trust?  Yes  No  
*If yes, please attach trust documents*
- Do you have a will?  Yes  No      Client:  Yes  No      Spouse:  Yes  No  
*If yes, please attach trust documents*
- Do you have additional estate documents?  Yes  No  
*If yes, please attach trust documents*
- Do you make any gifts to family members?  Yes  No  
*If yes, please list in notes*

**Wills & Gifting - Notes**

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# VAULT CHECKLIST

## LEGAL DOCUMENTS

- Wills
- Deeds
- Revocable & Irrevocable Trusts
- Power of Attorney
- Codicils (Supplements made to a Will)
- Living Wills/Health Directives
- Prenuptial Agreements
- Buy/Sell Agreements
- Contracts

## BENEFITS

- Social Security Info
- Veteran's Administration Info
- Employment Benefits

## INSURANCE POLICIES

- (Life, LTD, Disability, Medical, Car, Property)

## BANK & INVESTMENT STATEMENTS

- Pensions, IRAs, Annuities, etc.
- Investment Accounts
- Stock Options/Certificates

## LIABILITIES

- List of Credit Cards with Contact Information
- Mortgages
- Loans

## TAXES

- Tax Returns
- W-2 Forms



## IDENTIFICATION

- Birth Certificates
- Drivers Licenses
- Passports
- Social Security Cards

## FAMILY

- Adoption Papers
- Medical Records
- Marriage License
- Pictures
- Audio Files
- Video Clips

## PROPERTY

- Titles to Homes, Autos, Boats, etc.
- Warranties

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## PROFESSIONAL CONTACTS

Name Relationship

Phone Email

Name Relationship

Phone Email