Confidential Fact Finder

# About This Fact Finder

This Fact Finder and the Financial Documents Checklist are designed to make it easy for you to provide us with the data necessary to complete your investment plan and for us to provide you with a comprehensive overview of your current financial situation. Based on that overview, we will then be able to make specific recommendations to help you pursue your investment goals. **Please complete this Fact Finder** and **gather all your most recent financial documents** listed on the Financial Documents Checklist and **bring them with you to our first meeting**.

We have tried to make this Fact Finder comprehensive enough to cover a variety of situations. Do not be concerned if some questions do not apply to you. **If you see a question that does not apply to you, just write N/A next to it**. If you would rather answer some of the questions during your first meeting with us, just leave them blank and we will go over them together.

**A solid investment plan is built on solid facts**. It is **important** that **the information that you provide** is **accurate** and **precise** to the best of your knowledge. Please answer all the questions and leave the ones that you are not sure of blank. Take time with your answers. We will review the information that you submitted and double check with you for any discrepancies. If this Fact Finder does not allow you enough space to describe your situation, please feel free to provide any questions, comments or concerns and a reference to the associated source documents in the provided NOTES sections throughout this Fact Finder. You can also attach additional pages if you deem it necessary.

Our mission at Makonnen Financial Group, LLC is to help YOU make smart choices with money by utilizing a value-based, personalized and custom-tailored investment plan specific to YOUR goals, needs and dreams. It is our policy to always offer a **comprehensive investment planning service**. We believe this is the best way to ensure that all clients are properly looked after and nothing is left to chance. Nevertheless, some people do not desire to pursue the path of comprehensive investment planning; rather they come to us with particular objectives, often wanting a single service such as education planning, insurance planning, rollover planning, retirement planning, advice with a single investment problem or just seeking information on investment strategies. If you require limited advice, please let us know during our First Meeting.

Once you have completed the Fact Finder, **please securely upload it to your WealthVision - Vault before your first meeting**.Alternatively, you can fax the Fact Finder to **(703) 992-9945** or mail it via certified-mail to **Makonnen Financial Group, LLC, 5568 General Washington Drive, Suite A-200, Alexandria, VA 22312**.

\* Please **do not email** us any of the requested supporting documents, listed under the **Financial Documents Checklist** on **pages 26 and 27** of this Fact Finder, for security reasons. \*

\*If you choose to, you can upload all your Financial Documents and this completed MFG Fact Finder securely in your WealthVision - Vault. For more details, please refer to **pages 28 to 30** of this Fact Finder\*

***Note: In accordance with 16 CFR 313, our firm does not release any personal or financial information obtained from clients to any third party without prior permission****.* ***All the information provided by you in this fact finder is strictly private and confidential. No information will be passed on to any third party without your expressed permission.***

***Securities and Advisory Services offered through LPL Financial, A Registered Investment Advisor. Member*** [***FINRA***](http://www.finra.org/) ***&*** [***SIPC***](http://www.sipc.org/)***.***

Family Information

**Please complete this section about yourself and your Spouse/Partner.**

Client & Spouse / Partner

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Spouse / Partner** |
| **Name: *(First / M. / Last)******(Please enter full Legal Name)*** |       |       |
| **Gender:** | [ ]  Male [ ]  Female  | [ ]  Male [ ]  Female |
| **Special Needs?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **In Good Health?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Marital Status:** |  |  |
| **Wedding Anniversary:** |   /  /     |   /  /     |
| **Previous Marriages?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Citizenship:** |  |  |
| **Driver’s License (DL) Number:** |       |       |
| **DL State Issued:** |    |    |
| **DL Issue Date:** |   /  /     |   /  /     |
| **DL Expiration Date:** |   /  /     |   /  /     |

Previous Marriages

**If there have been any previous marriages, that ended in divorce or death, please list them here.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Previous Spouse/Partner** | **Date of Divorce** | **Date of Death** | **Years of Marriage** | **Was married to** |
| **1.** |       |   /  /     |   /  /     |    |       |
| **2.** |       |   /  /     |   /  /     |    |       |
| **3.** |       |   /  /     |   /  /     |    |       |
| NOTES:       |

Home Contact Info

|  |  |
| --- | --- |
| **Address Line 1:** |       |
| **Address Line 2:** |       |
| **City:** |       | **State:** |    | **Zip:** |      -     |
| **Home Phone:** *no dashes* |       | **Fax:** *no dashes* |       |
| **Client - Cell Phone:** *no dashes* |       | **Spouse/Partner - Cell Phone:** *no dashes* |       |
| **Client - Email:** |       | **Spouse/Partner - Email:** |       |
| **How many years at this address?**  |    |

Employment – Client

|  |  |
| --- | --- |
| **Employer Name:** *(If retired please list last employer)* |       |
| **Employer Address Line 1:** |       |
| **Employer Address Line 2:** |       |
| **City:**  |       | **State:** |    | **Zip:** |      -     |
| **Work Phone:** *no dashes* |       |
| **Work Fax:** *no dashes* |       |
| **Work Email Address:** |       |
| **Title/Position:** |       |
| **Years Employed:** |    |
| **Previous Employer:** |       |
| **Previous Title/Position:** |       |
| **Previous Years Employed:** |    |
| **Any Military / Federal Service and/or Employment**? | Current | [ ]  | Prior | [ ]  | Retired | [ ]  | N/A | [ ]  |
| NOTES:       |

Employment – Spouse/Partner

|  |  |
| --- | --- |
| **Employer Name:** *(If retired please list last employer)* |       |
| **Employer Address Line 1:** |       |
| **Employer Address Line 2:** |       |
| **City:**  |       | **State:** |    | **Zip:** |      -     |
| **Work Phone:** *no dashes* |       |
| **Work Fax:** *no dashes* |       |
| **Work Email Address:** |       |
| **Title/Position:** |       |
| **Years Employed:** |    |
| **Previous Employer:** |       |
| **Previous Title/Position:** |       |
| **Previous Years Employed:** |    |
| **Any Military / Federal Service and/or Employment**? | Current | [ ]  | Prior | [ ]  | Retired | [ ]  | N/A | [ ]  |
| NOTES:       |

Children

**If you have more than 4 Children, please list the others on page 16 under *Important People – Supplement*.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| **First Name:** |       |       |       |       |
| **Middle Initial:**  |       |       |       |       |
| **Last Name:** |       |       |       |       |
| **Date of Birth:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Gender:**  |  |  |  |  |
| **Special Needs?**  |  |  |  |  |
| **In Good Health?**  |  |  |  |  |
| **Is Financially Dependent?**  |  |  |  |  |
| **Marital Status:***(If married, please provide Spouse’s/Partner’s full name and DOB.)* |        /  /     |        /  /     |        /  /     |        /  /     |
| **From Previous Marriage?** |  |  |  |  |
| **Parent:** *(If a child is from a former marriage, please indicate whose child it is by listing the parent here.)* |       |       |       |       |
| **Citizenship:** |  |  |  |  |
| **Listed as Beneficiary?** | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  |
| NOTES:       |

Grandchildren

**If you have more than 4 Grandchildren, please list the others on page 16 under *Important People – Supplement*.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Grandchild 1 | Grandchild 2 | Grandchild 3 | Grandchild 4 |
| **First Name:** |       |       |       |       |
| **Middle Initial:**  |       |       |       |       |
| **Last Name:** |       |       |       |       |
| **Date of Birth:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Gender:**  |  |  |  |  |
| **Special Needs?**  |  |  |  |  |
| **In Good Health?**  |  |  |  |  |
| **Is Financially Dependent?**  |  |  |  |  |
| **Marital Status:***(If married, please provide Spouse’s/Partner’s full name and DOB.)* |        /  /     |        /  /     |        /  /     |        /  /     |
| **Citizenship:** |  |  |  |  |
| **Listed as Beneficiary?** | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  |
| NOTES:       |

Family, Friends & Other Important people

**Please enter all your Family, Friends & Other Important People (i.e., persons you designated as beneficiaries and/or you listed in your Wills and Trusts) here.**

**If you have more than 4 Family, Friends & Other Important People, please list the others on page 16 under *Important People – Supplement*.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Person 1 | Person 2 | Person 3 | Person 4 |
| **First Name:** |       |       |       |       |
| **Middle Initial:**  |       |       |       |       |
| **Last Name:** |       |       |       |       |
| **Date of Birth:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Gender:**  |  |  |  |  |
| **Special Needs?**  |  |  |  |  |
| **In Good Health?**  |  |  |  |  |
| **Is Financially Dependent?**  |  |  |  |  |
| **Marital Status:***(If married, please provide Spouse’s/Partner’s full name and DOB.)* |        /  /     |        /  /     |        /  /     |        /  /     |
| **Relationship:**  |  |  |  |  |
| **Citizenship:** |  |  |  |  |
| **Listed as Beneficiary?** | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  |
| NOTES:       |

Charities

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Core Cash Account Growth Rate** | **AGI Contribution Limits**(50% / 30% Public Charity,*30% / 20% Non- Public Charity)* | **Treat Gifts as**(Cash Donation,Appreciated Assets) |
|       |       |  |  |
|       |       |  |  |
| NOTES:       |

Professional Contacts

**Please enter all your Professional Contacts (Accountants, Advisors, Attorneys, Brokers or CPAs) here.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship** | **Contact Name** | **Company Name** | **Phone Number***(no dashes)* | **Website or *City & State*** |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
| NOTES:       |

 Retirement and Death

|  |  |  |
| --- | --- | --- |
|  | **Client** | **Spouse/Partner** |
| **Retirement Age:** |     |     |
| **Assumed age of Death:** |     |     |
| NOTES:       |

Real Estate

**Please enter all your Real Estate (Primary Residence, Secondary Residence and Investment Property) here.**

**If you have more than 4 Real Estate, please list the others on page 17 under *Real Estate – Supplement*.**

|  | **Primary****Residence** | **Secondary** **Residence** | **Investment** **Property** | **Investment** **Property** |
| --- | --- | --- | --- | --- |
| **Property Name:** |       |       |       |       |
| **Address 1:** |       |       |       |       |
| **Address 2:** |       |       |       |       |
| **City:** |       |       |       |       |
| **State:** |       |       |       |       |
| **Zip:** |      -     |      -     |      -     |      -     |
| **Property Type:** |  |  |  |  |
| **Purchase Year:** |      |      |      |      |
| **Purchase Amount:** |       |       |       |       |
| **Current Value:** |       |       |       |       |
| **Home Value:** |       |       |       |       |
| **Tax Basis:** |       |       |       |       |
| **Owner:** |  |  |  |  |
| NOTES:       |

Personal Property

**Please enter all your Personal Property (Automobiles, Time Shares, Collectibles, Art and Jewelry) here.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **(1)** | **(2)** | **(3)** | **(4)** |
| **Asset Name:** |       |       |       |       |
| **Current Value:** |       |       |       |       |
| **Tax Basis:** |       |       |       |       |
| **Owner:** |  |  |  |  |
| NOTES:       |

Mortgages

**Please enter all your Mortgages (First Mortgage, Second Mortgage and Home Equity Loan) here.**

**If you have more than 4 Mortgages, please list the others on page 18 under *Mortgages – Supplement*.**

|  | **Primary****Residence** | **Secondary****Residence** | **Investment****Property** | **Investment****Property** |
| --- | --- | --- | --- | --- |
| **Mortgage Name:** |       |       |       |       |
| **Institution Name:** |       |       |       |       |
| **Institution Website:** |       |       |       |       |
| **Loan Type:** *(Mortgage, Home Equity Loan)* |  |  |  |  |
| **Property Name:** |       |       |       |       |
| **Original Loan Amount:** |       |       |       |       |
| **Date of Loan:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Current Balance:** |       |       |       |       |
| **Interest Rate:** |     % |     % |     % |     % |
| **Loan Term:** *(Years)* |     |     |     |     |
| **Payment Frequency:**(Monthly, Quarterly, Semi-Annually, Annually) |  |  |  |  |
| **Repayment Type:** (Principal and Interest, Interest Only) |  |  |  |  |
| **Payment:** |       |       |       |       |
| **Balloon Period** *(years)* |     |     |     |     |
| **Is Interest Deductible?** *(Yes / No)* |  |  |  |  |
| **Insured for Life?** (Yes / No) |  |  |  |  |
| **Paid off at Death of**(Client, Spouse/Partner, First to Die) |  |  |  |  |
| NOTES:       |

Loans

**Please enter all your Loans (Auto, Personal, Business, Line of Credit, Student Loan, Credit Card, Debt Consolidation or Other) here.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **(1)** | **(2)** | **(3)** | **(4)** |
| **Loan Name:** |       |       |       |       |
| **Institution Name:** |       |       |       |       |
| **Loan Type:** *(Automobile,*  *Personal, Business, Line of Credit, Student Loan, Credit Card, Debt Consolidation, Other)* |  |  |  |  |
| **Original Loan Amount:** |       |       |       |       |
| **Date of Loan:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Current Balance:** |       |       |       |       |
| **Owner:** *(Client, Spouse/Partner,*  *Joint, etc.)* |  |  |  |  |
| **Interest Rate:** |     % |     % |     % |     % |
| **Number of Payments:** |       |       |       |       |
| **Payment Frequency:***(Monthly, Quarterly, Semi-Annually, Annually)* |  |  |  |  |
| **Payment:** |       |       |       |       |
| NOTES:       |

Income

**Please enter all your Income (Salary & Bonus or Other Income) here.**

Salary & Bonus

|  |  |  |
| --- | --- | --- |
| **Salary & Bonus** | **Client** | **Spouse/Partner** |
| **Salary / Bonus Name:** |       |       |
| **Annual Amount:** |       |       |
| **Indexed at:** *(No Growth, Inflation, etc.)* |     % |     % |
| **Start Indexing:** *(Immediately, At Start Year)* |       |       |
| **Owner:** *(Client, Spouse/Partner, Joint, Other)* |  |  |
| **Self-Employment?** *(Yes / No)* |  |  |
| NOTES:       |

Other Income

|  |  |
| --- | --- |
| **Client** | **Spouse/Partner** |
| **Other Income Name:** |       |       |
| **Type:** *(Business Distribution, Partnership Distribution, Real Estate, Trust, Other)* |  |  |
| **Tax Treatment:** *(Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable)* |  |  |
| **Annual Amount:** |       |       |
| **Indexed at:** *(No Growth, Inflation, etc.)* |     % |     % |
| **Owner:** *(Client, Spouse/Partner, Joint, Other)* |  |  |
| **Self-Employment?** *(Yes / No)* |  |  |
| **Guaranteed?** *(Yes / No)* |  |  |
| **Starts:** *(Retirement, Calendar Year, etc.)* |  |  |
| **Ends:** *(Calendar Year, Client or Spouse/Partner Retirement, Client or Spouse/Partner Death, At First Death, Duration.)* |  |  |
| NOTES:       |

Retirement Contributions

Qualified Retirement (401 k, 403b, TSP, SEP IRA, Simple IRA, Roth 401(k), Roth TSP, etc.)

General Contribution Information

**Employee** Contributions

|  |  |
| --- | --- |
| **Client** | **Spouse/Partner** |
| **Qualified Retirement Plan:**  |  |  |
| **Type:** *(None, Percent of Salary, Fixed Amount, Maximum, Maximum After Matching)* |  |  |
| **Percent:** |     % |     % |
| **Dollar Amount:** *(Contribution limit $18,000 for 401(k), 403(b), TSP, 457(b), Roth 401(k))* |       |       |
| **Catch up Contribution:** *(50 and over $6,000 for 401(k), 403(b), TSP, 457(b), Roth 401(k))* |       |       |
| NOTES:       |

**Employer** Contributions

|  |  |
| --- | --- |
| **Client** | **Spouse/Partner** |
| **Type:** *(None, Percent of Salary, Match Percent, Fixed Amount, Maximum)* |  |  |
| **Employer Percent Match of Employee Contribution:** |     % |     % |
| **Maximum Employer Contribution Percent of Employee Salary:** |     % |     % |
| **Amount:** |       |       |
| NOTES:       |

Future Goals

**Please enter all your Future Goals (Education Expenses and Other Major Expenses or Goals) here.**

Education Expenses

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expense Name** | **Education For** | **Annual Amount** | **Starts** | **Ends** | **Occurs Every X Years** |
|       |       |       |   /  /     |   /  /     |    |
|       |       |       |   /  /     |   /  /     |    |
|       |       |       |   /  /     |   /  /     |    |
| NOTES:       |

Other Major Expenses or Goals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Expense or Goal Description***(Please list them in the order of importance to you - with 1 = most important.)* | **Annual Cost****Amount** | **When?** **(Year or Age)** | **Occurs Every X Years** |
| **1.** |       |       |      |    |
| **2.** |       |       |      |    |
| **3.** |       |       |      |    |
| NOTES:       |

Estate Plan

**Wills**

1. Do you have a Will, Medical / Financial power or attorney and living will? **[ ]** Yes [ ]  No

|  |  |
| --- | --- |
| 1. Date / Month/ Year of Will
 |   /  /     |

1. Do you have an Estate Planning Attorney? **[ ]** Yes [ ]  No
2. Is your Attorney a key decision maker for you? **[ ]** Yes [ ]  No
3. Do you have a Living Trust (Revocable or Irrevocable)? If you do please list below. **[ ]** Yes [ ]  No
4. Transfer Assets to Revocable Trust to Avoid Probate:  **[ ]** Yes [ ]  No

Trusts (Revocable or Irrevocable)

|  |  |  |  |
| --- | --- | --- | --- |
| **(1)** | **(2)** | **(3)** | **(4)** |
| **Trust Name:** |       |       |       |       |
| **Trustee:** |       |       |       |       |
| **Date Established:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Current Value:** |       |       |       |       |
| **Grantor:** *(Client, Spouse/Partner, Joint, Other)* |  |  |  |  |
| **Revocable Trust or****Irrevocable Trust** |  |  |  |  |
| NOTES:       |

Tax management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Federal taxes (last year) $
 |       |  | Tax Bracket |     % |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. State taxes (last year) $
 |       |  | Tax Bracket |     % |

1. What is your filing status?  **[ ]** Single **[ ]**  Married, filing jointly

 **[ ]** Married, filing separately **[ ]**  Head of household

|  |  |
| --- | --- |
| 1. Who prepares your tax return?
 |       |

|  |  |
| --- | --- |
| 1. How many exemptions do you claim?
 |       |

1. Did you receive a tax refund for last year’s filing? **[ ]** Yes [ ]  No

|  |  |
| --- | --- |
| If yes, how much $ |       |

1. Have you **ever been** or do you expect to be audited by the IRS? **[ ]** Yes [ ]  No
2. Is your accountant or CPA a key decision maker for you? **[ ]** Yes [ ]  No

|  |  |
| --- | --- |
| 1. Comments:
 |       |
|  |       |

 Pensions & Social Security

1. Do you have any Defined Benefit Plans **(Pension)** from your current or previous employer? If you do please provide us your pension benefit estimate document.

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

1. Do you have **Social Security** benefits? If you do please provide us your most recent Social Security Statement (include all 4 pages). Please refer to ***page 25*** for detailed instructions on **How to Access Your Social Security Statement Online**.

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

Insurance

1. Do you have any **Life Insurance** (Term, Whole Life, Universal Life, Group, Other)? If you do please provide us your contract with policy detail page (Policy Number, Issue Date, Policy Term, Policy Type, etc.).

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

1. Do you have any **Long-Term Care Insurance**? If you do please provide us your contract with policy detail page (Policy Number, Issue Date, Elimination Period, Benefit Amount, Benefit Period, etc.).

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

1. Do you have **Umbrella Insurance**? If you do please provide us your contract with policy detail page (Policy Number, Issue Date, Coverage Amount, etc.). **[ ]** Yes [ ]  No
2. Do you have or work closely with an Insurance Agent? **[ ]** Yes [ ]  No

Financial Goals& Personal Information

**The more we know about you, the better we can advise you. Feel free to skip any of these questions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Ideally, I would like to retire at age: |     | age: but I would be willing to work until |     |
|  | OR |     | I’m retired now. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. | My Spouse/Partner would like to retire at age: |     | but would be willing to work until age: |     |
|  | OR |     | is retired now. |

 ­

|  |  |  |
| --- | --- | --- |
| 3. | I/We would ideally like to retire with an annual spending budget **(after taxes)** of $  |       |
| But in no case less than $  |       |

1. Please describe the best, and worst, financial investments you’ve ever made:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client:** | Best: |       |  | Worst: |       |
| **Spouse/Partner:** | Best: |       |  | Worst: |       |

1. Regarding your current holdings, what are you most pleased about and what are your greatest concerns?

|  |  |
| --- | --- |
| **Client:** |       |
|  **Spouse/Partner:** |       |

1. If you could **“hit the reset button”** on any financial decision, what would it be?

|  |  |
| --- | --- |
| **Client:** |       |
|  **Spouse/Partner:** |       |

1. What’s going on in your life right now that could impact your financial future?

|  |  |
| --- | --- |
| **Client:** |       |
|  **Spouse/Partner:** |       |

1. What kinds of financial things cause you to lose sleep at night?

|  |  |
| --- | --- |
| **Client:** |       |
|  **Spouse/Partner:** |       |

1. Are there investments you would avoid as a matter of principle? Why?

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

|  |  |
| --- | --- |
| **Client:**  |       |
| **Spouse/Partner:** |       |

1. Have you worked with a broker, **financial advisor and /or planner** before? If you have, how was your experience? What are your expectations?

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

|  |  |
| --- | --- |
| **Client:**  |       |
| **Spouse/Partner:** |       |

1. How would you rate your health from 1 to 10 **(*1 being the worst and 10 being the best*)**? Do you have or had any major health problems? Do you smoke?

|  |  |
| --- | --- |
| **Client:**  |       |
| **Spouse/Partner:** |       |

1. Do you provide financial support for anyone NOW or anticipate providing support in the future? (e.g., parents, aunts, uncles, siblings, etc.). If so, in what way and how much per year? and for how long?

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

|  |  |
| --- | --- |
| **Client:**  |       |
| **Spouse/Partner:** |       |

1. Do you need to make any special financial provisions for any family member?

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

1. Do you have any potential inheritances?

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

1. Do you know exactly what would happen to your family if you didn’t wake up tomorrow?Do you have a procedure in place? Do they know where all your important documents are (wills, passwords, etc.)?

**Client:** **[ ]** Yes [ ]  No **Spouse/Partner:** **[ ]** Yes [ ]  No

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What are some of the things you would do this year if you find out you are going to die next year?

|  |  |
| --- | --- |
|  **Client:** |       |
|  **Spouse/Partner:** |        |

1. What are some of the things you plan to do once you retire (places you want to go, things you want to do, etc.)? If you are already retired, what are you doing now and what are some things you plan to do?

|  |  |
| --- | --- |
|  **Client:** |       |
|  **Spouse/Partner:** |        |

 |

Important People – Supplement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Person 5 | Person 6 | Person 7 | Person 8 |
| **First Name:** |       |       |       |       |
| **Middle Initial:**  |       |       |       |       |
| **Last Name:** |       |       |       |       |
| **Date of Birth:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Gender:**  |  |  |  |  |
| **Special Needs?**  |  |  |  |  |
| **In Good Health?**  |  |  |  |  |
| **Is Financially Dependent?**  |  |  |  |  |
| **Marital Status:***(If married, please provide Spouse’s/Partner’s full name and DOB.)* |        /  /     |        /  /     |        /  /     |        /  /     |
| **Relationship:**  |  |  |  |  |
| **Citizenship:** |  |  |  |  |
| **Listed as Beneficiary?** | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  |
| NOTES:       |

Real Estate – Supplement

|  | **Investment****Property** | **Investment** **Property** | **Investment** **Property** | **Investment** **Property** |
| --- | --- | --- | --- | --- |
| **Property Name:** |       |       |       |       |
| **Address 1:** |       |       |       |       |
| **Address 2:** |       |       |       |       |
| **City:** |       |       |       |       |
| **State:** |       |       |       |       |
| **Zip:** |      -     |      -     |      -     |      -     |
| **Property Type:** |  |  |  |  |
| **Purchase Year:** |      |      |      |      |
| **Purchase Amount:** |       |       |       |       |
| **Current Value:** |       |       |       |       |
| **Home Value:** |       |       |       |       |
| **Tax Basis:** |       |       |       |       |
| **Owner:** |  |  |  |  |
| NOTES:       |

Mortgages – Supplement

|  | **Primary****Residence** | **Secondary****Residence** | **Investment****Property** | **Investment****Property** |
| --- | --- | --- | --- | --- |
| **Mortgage Name:** |       |       |       |       |
| **Institution Name:** |       |       |       |       |
| **Institution Website:** |       |       |       |       |
| **Loan Type:** *(Mortgage, Home Equity Loan)* |  |  |  |  |
| **Property Name:** |       |       |       |       |
| **Original Loan Amount:** |       |       |       |       |
| **Date of Loan:** |   /  /     |   /  /     |   /  /     |   /  /     |
| **Current Balance:** |       |       |       |       |
| **Interest Rate:** |     % |     % |     % |     % |
| **Loan Term:** *(Years)* |     |     |     |     |
| **Payment Frequency:**(Monthly, Quarterly, Semi-Annually, Annually) |  |  |  |  |
| **Repayment Type:** (Principal and Interest, Interest Only) |  |  |  |  |
| **Payment:** |       |       |       |       |
| **Balloon Period** *(years)* |     |     |     |     |
| **Is Interest Deductible?** *(Yes / No)* |  |  |  |  |
| **Insured for Life?** (Yes / No) |  |  |  |  |
| **Paid off at Death of**(Client, Spouse/Partner, First to Die) |  |  |  |  |
| NOTES:       |

objectives

***Please go over the Retirement and Estate objectives listed below and rate the importance of each item to you. You can have more than one high, medium or low. We will go over each objective in our next meeting and list them by priority. You can also list your own objectives under the Client Defined section.***

***If some of the objectives listed below do not apply to you please leave them blank.***

**Retirement**

|  |  |
| --- | --- |
| **Rate the importance of each item according to the following scale**:  |  **Low Med High** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Your retirement goals |  | [ ]  |  | [ ]  |  | [ ]  |
| Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle |  | [ ]  |  | [ ]  |  | [ ]  |
| Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track |  | [ ]  |  | [ ]  |  | [ ]  |
| Matching your risk tolerance to that of your investment portfolio |  | [ ]  |  | [ ]  |  | [ ]  |
| Reviewing your investment performance against that of an index |  | [ ]  |  | [ ]  |  | [ ]  |
| Reviewing your investment performance against your plan |  | [ ]  |  | [ ]  |  | [ ]  |
| Reviewing alternative retirement methods |  | [ ]  |  | [ ]  |  | [ ]  |
| Minimizing the taxes on your investment accounts |  | [ ]  |  | [ ]  |  | [ ]  |
| Reviewing techniques to save income tax and estate taxes on deferred money |  | [ ]  |  | [ ]  |  | [ ]  |
| Asset protection in the result of serious illness |  | [ ]  |  | [ ]  |  | [ ]  |
| Protecting assets in the event that you require long term care in the future |  | [ ]  |  | [ ]  |  | [ ]  |
| Receiving adequate income in the event of disability during your working years |  | [ ]  |  | [ ]  |  | [ ]  |
| Planning for income for your Spouse/Partner in the event of your premature death |  | [ ]  |  | [ ]  |  | [ ]  |
| Generating a guaranteed retirement income stream |  | [ ]  |  | [ ]  |  | [ ]  |
| Planning for income for your children in the event of your premature death |  | [ ]  |  | [ ]  |  | [ ]  |

**Estate**

| **Rate the importance of each item according to the following scale**:  |  **Low Med High** |
| --- | --- |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Distributing assets equally to your children |  | [ ]  |  | [ ]  |  | [ ]  |
| Protecting your assets transferred to your children from creditors, divorce, and bankruptcy |  | [ ]  |  | [ ]  |  | [ ]  |
| Reviewing your insurance portfolio |  | [ ]  |  | [ ]  |  | [ ]  |
| Reviewing different methods of meeting your estate tax liabilities |  | [ ]  |  | [ ]  |  | [ ]  |
| Minimizing estate taxes |  | [ ]  |  | [ ]  |  | [ ]  |
| Charitable planning to your estate's planning |  | [ ]  |  | [ ]  |  | [ ]  |
| Contributing annually to charity |  | [ ]  |  | [ ]  |  | [ ]  |
| Gifting to your children if it doesn't interfere with your financial independence |  | [ ]  |  | [ ]  |  | [ ]  |
| Planning for your grandchildren's education |  | [ ]  |  | [ ]  |  | [ ]  |
| Reviewing your current will structure to eliminate unnecessary taxes |  | [ ]  |  | [ ]  |  | [ ]  |
| Protecting your residence and/or vacation home from estate taxes |  | [ ]  |  | [ ]  |  | [ ]  |
| Having your estate in trust for your Spouse/Partner in order to protect your children's inheritance |  | [ ]  |  | [ ]  |  | [ ]  |

**Client Defined**

|  |  |
| --- | --- |
| **List any other objectives you did not see above and also rate their importance**:  |  **Low Med High** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |  | [ ]  |  | [ ]  |  | [ ]  |
|       |  | [ ]  |  | [ ]  |  | [ ]  |
|       |  | [ ]  |  | [ ]  |  | [ ]  |

Investor Profile Questionnaire

***This self-scoring questionnaire will help us determine your investment objective. Answer each question by writing the corresponding number in the box to the right of each question. Then total the number for each section. Finally fill in the Investor Scorecard on the bottom of page 23 to determine your investment objective.***

Investment Time Horizon

**Question 1**

What is your age?

56 and over . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

46 – 55. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

36 – 45. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

20 – 35. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 2**

What is your primary financial goal?

Wealth preservation. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Retirement planning. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .2

Wealth accumulation. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

**Question 3**

What is the time frame for you to achieve your financial goals?

0 – 5 years . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

5 – 10. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .2

10 years or longer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

|  |  |
| --- | --- |
| **Time Horizon Total:** |  |

FinancialGoals

**Question 1**

Which of the following best describes your financial goals?

Preserving principal and earning a moderate amount of current income . . . . . . . . . . . . . . . . . .1

Generating a high amount of current income. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .2

Generating some current income and growing assets over an extended time frame . . . . . . . . 3

Growing assets substantially over an extended time frame . . . . . . . . . . . . . . . . . . . . . . . . . . . . .4

**Question 2**

How do you expect your standard of living five years from now to compare to your standard of living today?

Less than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

The same as it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .2

Somewhat higher than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .3

Substantially greater than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 3**

Five years from today, you expect your portfolio value to be:

Portfolio value is not my primary concern; I am more concerned with current income . . . . . 1

The same as or slightly more than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Greater than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Substantially greater than it is today . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 4**

Generating current income from your portfolio is:

A primary concern (only if you are about to retire) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Not important . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

**Question 5**

With the income generated from your portfolio, you plan to:

Use it for living expenses . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Use some and reinvest some . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Reinvest all income . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

|  |  |
| --- | --- |
| **Financial Goals Total:** |  |

Risk Tolerance

Question 1

You have just received a windfall of $50,000. How would you invest it?

I would invest in something that offered moderate current income and was very conservative . . 1

I would invest in something that offered high current income with a moderate amount of risk . . . 2

I would invest in something that offered high total return (current income plus capital

appreciation) with a moderately high amount of risk . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

I would invest in something that offered substantial capital appreciation even though it has a

high amount of risk . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 2**

Which of the following statements would best describe your reaction if the value of your portfolio were to suddenly decline by 15%?

I would be very concerned because I cannot accept fluctuations in the value of my portfolio . . . . . 1

If the amount of income I receive was unaffected, it would not bother me . . . . . . . . . . . . . . . . . . . . 2

Although I invest for long-term growth, I would be concerned about even a temporary decline . . . 3

Because I invest for long-term growth, I would accept temporary fluctuations due to market influences . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 3**

Which of the following investments would you feel most comfortable owning?

Certificates of deposit . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

U.S. Government securities . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Blue-chip stocks . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Stocks of new growth companies . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 4**

Which of the following investments would you least like to own?

Stocks of new growth companies . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Blue-chip stocks . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

U.S. Government securities . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Certificates of deposit . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 5**

Which of the following investments do you feel are the most ideal for your portfolio?

Certificates of deposit . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

U.S. Government securities . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Blue-chip stocks . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Stocks of new growth companies . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 6**

How optimistic are you about the long-term prospects for the economy?

Very pessimistic . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Unsure . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2

Somewhat optimistic . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

Very optimistic . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

**Question 7**

Which of the following best describes your attitude about investments outside the U.S.?

Unsure . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

I believe the U.S. economy and foreign markets are interdependent . . . . . . . . . . . . . . . . . . . . 2

I believe overseas markets provide attractive investment opportunities . . . . . . . . . . . . . . . . . 3

|  |  |
| --- | --- |
| **Risk Tolerance Total:** |  |

**Investor scorecard**

**Time Horizon** Total . . . . . . . . . . . . .    x 1 =

**Financial Goals** Total . . . . . . . . . . . .    x 2 =

**Risk Tolerance** Total . . . . . . . . . . . .    x 3 =

The total for each section is multiplied by a number that represents the overall importance of that section when determining your investment objectives. **TOTAL SCORE**

Match your total score with one of the investment objectives listed below. If your score is near the top or bottom of an Adjusted Total Range, you may want to examine the next or previous objective to determine which represents your needs more accurately.

**Adjusted Total Range Investment Objectives**

 35 – 57 Income with Capital Preservation

 58 – 83 Income with Moderate Growth

 84 – 99 Growth with Income

 100 – 114 Growth

 115 – 125 Aggressive Growth

The investment objectives shown are for illustrative purposes only. Your investment objective is based on many factors including your financial situation, tolerance for risk, time horizon and other financial needs. Consult your financial advisor if you have any questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income with Capital Preservation** | **Income with Moderate Growth** | **Growth with Income** |  **Growth** | **Aggressive Growth** |

**INCREASING RISK, VOLATILITY AND RETURN EXPECTATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Need for capital preservation and current income
* No focus on growth
* Lowest tolerance for risk
* Shortest investment horizon
 | * Need for current income
* Moderate focus on growth
* Low tolerance for risk
* Short/ intermediate investment horizon
 | * Equal focus on growth and current income
* Moderate tolerance for risk
* Intermediate investment horizon
 | * Little need for current income
* Focus on growth
* High tolerance for risk
* Intermediate/long investment horizon
 | * No need for current income
* Focus on aggressive growth
* Highest tolerance for risk
* Long investment horizon
 |

HOW TO ACCESS YOUR SOCIAL SECURITY STATEMENT

1. Go to [***http://www.ssa.gov/***](http://www.ssa.gov/)
2. On the social security home page scroll down to the middle of the page and on the left side click on the circular **my Social Security** tab.
3. You will be directed to **my** **Social Security** – **Sign in or Create an Account page**.
4. Scroll down to the bottom of the page and click on the blue link, **Sign In or Create an Account**
5. If you are a first time user, on the left you will find a box for **new users**. Click on the blue tab located at the bottom of this box that states **Create An Account**.
6. Existing users: Please enter your username and password in the Existing Users box on the right and click on the blue link **Sign In.**
7. Check the box next to the **I agree to the term of service** once you have read through the terms and services and press **Next**
8. Complete all applicable information in the **Verify Your Identity Section**. (You will be given the option of adding extra security if you find it necessary.) Then click **Next**
9. Answer the list of personal questions to verify and secure your identity and click **Next**
10. Proceed to creating your account details and a personalized login. Click **Next**
11. Check the box next to the **I agree to the term of service** once you have read through the terms and services then press **Next**
12. In the middle of the screen **(Left),** click on the blue link that states **Print/Save Your Full Statement**
13. Your **4** page **PDF** most recent ***Social Security Statement*** will open in a different tab
14. Once pulled up, you will have the options to **Save** or **Print** this document.
15. We recommend saving the PDF to your computer and printing a hard copy for your record.
16. We recommend getting your ***4 page*** Social Security Statement **once** per year.
17. You will get a **confirmation letter** from Social Security Administration within **7 days** letting you know you have set up an on line access to your social security site.
18. If you have any question you can call the Social Security Administration at **1-800-772-1213. Toll-free, 7AM to 7PM, Monday to Friday.**
19. **Note:** If you get locked out while attempting to access your social security statement please wait the specified time **(usually 24 hours)** before you try again. If not the web site might lock you out.

 Financial Documents Checklist

Please go over the **Financial Documents Checklist** below and gather all the documents that apply to you. Then please mark the checklist below **Included** for all the documents you gather and provide to us ***OR*** mark the checklist below **N/A** for those that are Not Applicable to you.

Please bring all the documents with you to our ***First Meeting*** ***OR*** you can ***securely upload*** all your **Financial Documents** in the order listed here directly in your **WealthVision** under the **Vault** – **Shared Documents** – **Financial Documents** folder. For detailed instructions on how to upload your documents, please refer to ***page 28*** of this Fact Finder.

|  | **Included** | **N/A** |
| --- | --- | --- |
| **Income (Most recent stubs please)*** 2 paycheck stubs
* 2 pension payment stubs (if **you are** collecting any pensions)
* 2 social security stubs (if **you are** collecting your social security)
 | **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]**  |
| **Cash Reserves (Most recent statement-All pages please)*** Statements from Savings, Checking and/or Money Market accounts
* Statements from Certificates of Deposit (CD)
* Other personal cash reserve account statements
 | **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]**  |
| **Taxes*** Federal and State Tax returns from the previous **2** years
 | **[ ]**  | **[ ]**  |
| **Liabilities** (Most recent statement *with loan date, loan amount, loan term and loan rate)*Mortgages Statements (1st Mortgage and/or 2nd Mortgage)Home Equity Line of Credit StatementsCredit Card Statements (All pages please)Car loans and any other loans, outstanding bills statements  | **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  |
| **Retirement (Most recent statements – All pages please)*** Statements from your 401k, 403b, TSA, TSP, 457, SEP IRA, Deferred Compensation
* Statements from your personal retirement account (IRA, Roth IRA, Rollover IRA and Inherited IRA).
* Statements from your Pension plan (Defined Benefit Plans) with benefit detail page.
* Your Social Security Statement **(all 4 pages)**. To get your most recent Social Security statement please visit: [***http://www.ssa.gov/estimator/***](http://www.ssa.gov/estimator/)
* **Federal employees only** (FERS, CSRS-Off Set, CSRS): Annual ***Personal Statement of Benefits*** from Employee Benefits Information System **(EBIS) or OPM**
 | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |
| **Investments (Most recent statements – All pages please)** * Brokerage, Advisory & Investment statements (Stocks, Bonds, Mutual Funds, and Annuities)
* Balance sheet from closely held business you own.
 | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| **Real Estate (Most recent tax assessment document please)*** Tax Assessment for Primary Residence
* Tax Assessment forInvestment Properties and/or Vacation Home
 | **[ ]** **[ ]**  | **[ ]** **[ ]**  |
| **Collectibles*** Appraisals of current market value, precious metals, art, etc.
 | **[ ]**  | **[ ]**  |
| **Insurances** *(Entire Policy with company name, policy number, policy issue date, policy type, policy term, premium, etc.)** Life Insurance
* Long Term and Short Term Disability
* Health Insurance
* Long Term Care Insurance
* Critical Illness Insurance and/or Cancer Insurance
* Homeowner’s and/or Renters Insurance
* Car Insurance
* Liability and/or Umbrella Insurance
 | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |
| **Estate Plan (Entire document please)*** Wills, Medical & Financial Power of Attorney, Medical Directives, Healthcare Proxy
* Trusts: (Revocable Living Trust, Irrevocable Living Trust, etc.)
* Buy/Sell agreements
 | **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]**  |
| **Beneficiary Designation Forms with listed beneficiaries** * **Primary and Contingent (second in line) beneficiaries for your Retirement Accounts (401(k), 403(b), TSA, TSP, 457, SEP IRA**
* **Primary and Contingent (second in line) beneficiaries for your IRA, Inherited IRA, Rollover IRA and Roth IRA**
* **Primary and Contingent (second in line) beneficiaries for your Pension Plans**
* **Primary and Contingent (second in line) beneficiaries for your Investment accounts, Brokerage accounts, Advisory accounts, Company Stocks and other accounts.**
* **Primary and Contingent (second in line) beneficiaries for your bank accounts (Checking, Savings, Money Market and CD’s)**
* **Primary and Contingent (second in line) beneficiaries for your Personal Life Insurance, Group Life Insurance, Disability Insurance and any other Insurances.**
 | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |
| ***Any other financial documents you deem important*** |

***Makonnen Financial Group, LLC (LPL Financial) is committed to maintaining the confidentiality and security of the personal financial documents that are entrusted to us.***

UPLOADING DOCUMENTS SECURELY IN WEALTVISION

1. On the **Home** screen in **WealthVision**, click **Vault** from the top right.



Click: **Vault**

1. The **Vault** in **WealthVision** provides secure electronic storage for your personal documents (e.g., this completed Fact Finder, all your Financial Documents, Driver’s License, Birth Certificate, Passports etc.) by clicking **Upload Files** and choosing the file from your computer.



Click: **Upload Files** and upload documents from your computer to the **Vault**

Click: **Shared Documents** to upload documents you want to share with your Advisor

* 1. You can upload documents into the **Shared Documents** folder ***allowing your Advisor to also view the contents***.
	2. You can also upload documents into the **My Documents** folder which is ***a private folder where only you can access and view the contents****.*

|  |
| --- |
| **NOTE**: * The **Vault** allows you to store files of the following ***file types***: aifc, aiff, aif, au, avi, bmp, **doc**, gif, jpg, jpeg, mov, mp3, mpeg, mpg, **pdf**, png, ppt, ps, rtf, snd, swf, tax, tif, tiff, txt, wav, wma, wmv, wps, **xls**, and xml.
* Recommended ***file types*** to upload are: Adobe Acrobat (**PDF**), Microsoft Word (**DOC**) and Microsoft Excel (**XLS**).
* The system allows you to upload an *unlimited* number of documents, but no one document can exceed a file size of **30 MB**.
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