

# Financial Fact Finder

Date \_\_\_\_\_

When you come for your appointment, please bring:

- A copy of your most recent tax return
- Mutual fund or brokerage account reports or statements
- Annuity contracts and most recent statements
- Life insurance policies and most recent statement
- This completed financial fact finder

Please print clearly, and leave blank any answers you are unsure about.  
It is OK to approximate dollar amounts.

Name		Nickname	
Date of birth	SS#	Age	
Occupation			
Spouse or partner's name		Nickname	
Date of birth	SS#	Age	
Occupation			
Mailing address			Apt#
City	State	Zip	
Home phone		Business phone	
E-mail address			

Are you eligible to participate in an employer-sponsored retirement plan?

Head of household:    Yes     No       Spouse or partner:    Yes     No

Are you concerned about possible long-term care expenses?

Yes     No

### Bank and non-IRA accounts (checking, savings, money market)

Name of institution	Type of account	Maturity date	Interest %	Approx. balance
			%	\$
			%	\$
			%	\$
			%	\$

### IRAs and other retirement accounts

Type (IRA, 401(k), TSA, etc.)	Location (bank, broker, employer)	Approx. value
		\$
		\$
		\$
		\$

### Stocks and bonds (for which you hold the certificate)

Name of stock or bond	Number of shares	Approx. market value
		\$
		\$
		\$
		\$

### Mutual funds and brokerage accounts

Name of brokerage firm or mutual fund	Number of shares	Approx. market value
		\$
		\$
		\$
		\$

## Annuities

Company	Annuitant/owner	Interest rate	Fixed/variable	Effective date	Approx. value
		%		\$	\$
		%		\$	\$
		%		\$	\$
		%		\$	\$
		%		\$	\$
		%		\$	\$

## Real estate portfolio detail

Please enter the following abbreviations in the "type" column:

PR = Primary residence

SR = Secondary residence

R = Recreation property

I = Investment property

F = First mortgage

O = Other

Type	Market value	Equity	Term (yrs)	Mortgage balance	Monthly payment	Interest rate
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%

## Life insurance

Company	Name of insured	Type (whole life, term, etc.)	Approx. death benefit	Amount, if loan against
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

## Liabilities (Please do not include real estate loans in this section.)

Item or company name	Balance	Interest rate	Minimum payment	Current payment
Auto loan 1	\$	%	\$	\$
Auto loan 2	\$	%	\$	\$
Auto loan 3	\$	%	\$	\$
Recreational vehicle	\$	%	\$	\$
Credit card 1	\$	%	\$	\$
Credit card 2	\$	%	\$	\$
Credit card 3	\$	%	\$	\$
Line of credit	\$	%	\$	\$
Student loan	\$	%	\$	\$
Other	\$	%	\$	\$

## Household cash flow

Your wages	\$	/year	Source:
Spouse/partner's wages	\$	/year	Source:
Other income	\$	/year	Source:
Other income	\$	/year	Source:

How much can you afford to save each month, including what you are saving now? \$ \_\_\_\_\_

What are your primary financial concerns? \$ \_\_\_\_\_

What are your primary financial concerns?  
(Please list in order of importance.)

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What are your primary financial goals?

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