



# Comprehensive Client Factfinder

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SummitConsultantsInc.net

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Securities and advisory services offered through LPL Financial, a Registered Investment Advisor | Member FINRA/SIPC

## STATEMENTS AND DOCUMENTS REQUESTED

Please bring the following information to the first meeting (feel free to bring information in printed software format such as Quicken, Microsoft Money, etc.):

- Information on current investments that may include stocks, bonds, mutual funds, and/or bank accounts; please bring the most recent statement received.
- Information on any IRAs, pension, and/or profit-sharing plans (such as a 401k, 403b, 457); please bring the most recent statement received and your plan's summary description, including the investment choices available to you.
- Social Security statements.
- Copies of last year's federal and state tax returns; please bring your last two years' returns if the most recent return is not representative of your typical return.
- Paycheck stub for each client.
- Copies of your latest wills and/or trust documents, if applicable.
- Group life, health, and disability insurance information (this might be found in your company's employee handbook or with your HR representative).
- List of life insurance policies on all related parties:
  - Include cash values (if known) and any statements you have received.
- Information on any long term care policies owned.

If applicable:

- Information as to other property owned or interests in any other business ventures or partnership agreements.
- Business valuation and business agreements affecting your share of the business or employee benefits (such as a split dollar plan).
- Business tax return for the previous year.

## PERSONAL AND FAMILY INFORMATION

Client 1

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Description/Industry: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Client 2

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Description/Industry: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Children

Name	Birth Date	Social Security No.	Comments/Special Considerations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Miscellaneous

### Known Health Issues

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

### Education/Degrees/Work Experience

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

### Health and Financial Status of Parents/Other Dependents

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

## ASSETS/LIABILITIES

	Base Salary	Bonus Potential
Client 1	\$	\$
Client 2	\$	\$

Assets	Fair Market Value of Assets (estimated)
Residence:	\$
Vacation Home (specify location):	\$
Personal/Household Belongings:	\$
Motor Vehicles (specify year, make, model and mileage):	\$
Checking Account(s):	\$
Savings Account(s):	\$
Certificate of Deposit(s):	\$
401(k)s, 457, 403(b), Pension Lump Sums, etc:	\$
Traditional and Roth IRAs:	\$
Annuities (pre tax or after tax):	\$
After Tax Accounts (brokerage accounts, other mutual funds, etc):	\$
Business Values and Business Real Estate:	\$
Investment Real Estate:	\$
Miscellaneous, other:	\$

Liabilities/Debts	Amount Owed	Interest Rate	Term or Length of Debt
Residence	\$		
Vacation Home	\$		
Home Equity Line	\$		
Motor Vehicle(s)	\$		
Credit Card(s)	\$		
Student Loan(s)	\$		

## INSURANCE AND EMPLOYER BENEFITS

### Life Insurance (only list individual policies)

	Company	Amount	Owner	Beneficiary
Client 1				
Client 2				
Children				

**Health Insurance?** ☐ Yes ☐ No

Provider: \_\_\_\_\_

**Long Term Care Insurance in Place?** ☐ Yes ☐ No

Provider: \_\_\_\_\_ Coverage/day: \_\_\_\_\_ for \_\_\_\_\_ years

**Individual Disability Coverage in Place?** ☐ Yes ☐ No

Provider: \_\_\_\_\_

Short Term Coverage \_\_\_\_\_ Long Term Coverage \_\_\_\_\_

### Employer Benefits:

Client 1	Client 2
Estimated Pension Payment (annual): \$ _____ at age _____	Estimated Pension Payment (annual): \$ _____ at age _____
Group Life Insurance: _____ X your salary or flat dollar amount \$ _____	Group Life Insurance: _____ X your salary or flat dollar amount \$ _____
Disability Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No
Short Term _____ Long Term _____	Short Term _____ Long Term _____

### Estate Planning:

Are the following document(s) in place? (please include date of execution/last amendment):

☐ Will: \_\_\_\_\_
 ☐ Power of Attorney: \_\_\_\_\_  
☐ Living Will: \_\_\_\_\_
 ☐ Health Care Power of Attorney: \_\_\_\_\_

List any other pertinent information that would be beneficial to know with regard to your estate plan:

\_\_\_\_\_

\_\_\_\_\_

### Professional Relationships:

Accountant: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Attorney: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Insurance Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## RETIREMENT BUDGET WORKSHEET (optional)

(show as annual expenses)

Expense	Present	In Retirement
Mortgage	\$	\$
Utilities:		
Gas	\$	\$
Electric	\$	\$
Water	\$	\$
Telephone (including cell)	\$	\$
Sewer and Trash	\$	\$
Cable TV/Internet	\$	\$
Taxes:		
Income (federal)	\$	\$
Income (state)	\$	\$
Property	\$	\$
County Income	\$	\$
Social Security	\$	\$
Auto/Boat Excise	\$	\$
Food	\$	\$
Medical/Dental	\$	\$
Auto-Gas/Repairs/License	\$	\$
Clothing	\$	\$
Home Furnishings	\$	\$
Household Supplies	\$	\$
Home Maintenance/Repair	\$	\$
Personal Care	\$	\$
Miscellaneous	\$	\$
Insurance:		
Life	\$	\$
Health	\$	\$
Disability	\$	\$
Property/Casualty	\$	\$
Auto	\$	\$
Long-term Care	\$	\$
Debt Reduction:		
Auto	\$	\$
Lake/Vacation Home	\$	\$
Other	\$	\$
<i>Subtotal</i>	\$	\$
Discretionary:		
Savings/Investments	\$	\$
Entertainment/Leisure	\$	\$
Vacation/Travel	\$	\$
Charitable Contributions	\$	\$
Gifts	\$	\$
Miscellaneous	\$	\$
<i>Total Expenses</i>	\$	\$