



Financial Lifestyle Fact Finder

Personal Information

Client Name _____

Client Name _____

Home Address _____

City, State, Zip _____

Home Ph _____ Hus Cell Ph _____ Wife Cell Ph _____

Email address: _____

Years at Current Address _____

Client DL # _____ Client 2 DL # _____

Client Birthdate _____ SSN _____

Client Birthdate _____ SSN _____

Client's Employer _____ Client's Work Ph _____

Position/Duties _____ Client's Yrs at Current Employer _____

Client 2's Employer _____ Client 2's Work ph _____

Client 2's Position/Duties _____ Client 2's Yrs at Current Employer _____

Do you have an Attorney? _____ Name? _____

Do you have an Accountant? _____ Name? _____

Do you expect to care for a child or parent? _____

Do you have a Financial Advisor? _____

Any problems with previous stockbrokers? _____

Children	Address	Social Security #	Date of Birth

Grandchildren	Parent	Date of Birth

General

Briefly explain your concerns and how you feel we may be able to help you:

Protection

	Yes	No	Uncertain
Do you have any potential Health problems?	___	___	_____
Have you ever been declined or rated for insurance?	___	___	_____
Have you smoked in the last two years?	___	___	_____

Concerns:

Retirement Planning

At what age would you like to retire? _____

Annual before-tax income desired in today's dollars \$ _____

Are you covered by any company retirement plans? _____

If so, what is the amount of your expected monthly benefits? \$ _____

Are you expecting a distribution from your retirement plan soon? _____

Concerns:

Financial Planning

	No Concern					Very Concerned				
Planning for Children Grandchildren	1	2	3	4	5	6	7	8	9	10
Reducing current income Taxes	1	2	3	4	5	6	7	8	9	10
Increasing current income	1	2	3	4	5	6	7	8	9	10
Estate Planning	1	2	3	4	5	6	7	8	9	10
Desire for Professional Management	1	2	3	4	5	6	7	8	9	10
Maximum Growth	1	2	3	4	5	6	7	8	9	10
Combined Growth & Income	1	2	3	4	5	6	7	8	9	10

Estate Planning

- | | Yes | No | Uncertain |
|--|--|-------|-----------|
| 1. Do you have an updated/adequate will? | _____ | _____ | _____ |
| 2. Do you have a General Durable POA? | _____ | _____ | _____ |
| 3. Do you have a POA for healthcare? | _____ | _____ | _____ |
| 4. Have you established any trusts? | _____ | _____ | _____ |
| 5. Are you the beneficiary of any trusts? | _____ | _____ | _____ |
| 6. Are you expecting a significant inheritance? | _____ | _____ | _____ |
| 7. If so, how much and when? | _____ | | |
| 8. Have you developed an asset protection strategy to protect your assets from civil litigation? | _____ | | |
| 9. Amount of capital you would like to preserve in your estate for your survivors: | | | |
| | \$ _____ or _____ % of your final estate value | | |

Concerns:

Conscious Investor Quiz

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | 1. Do you have a customized game plan to guide your lifelong investment decisions? |
| ___ | ___ | 2. Have you established a written agreement that outlines expectations for your relationship with your financial professional? |
| ___ | ___ | 3. Have you determined a method for measuring the success of your portfolio? |
| ___ | ___ | 4. Have you deliberately assessed the gap between where you are right now and where you want to be five years from now? |
| ___ | ___ | 5. Do you understand the role of diversification in a successful investment portfolio? |
| ___ | ___ | 6. Do you know how to measure risk in your portfolio? |
| ___ | ___ | 7. Can you identify the cultural messages that shape your view of money? |
| ___ | ___ | 8. Have you identified your investment philosophy? |
| ___ | ___ | 9. Do you understand how “the market” really works? |
| ___ | ___ | 10. Have you identified your True Purpose for Money™? |

Investment

Investment Objectives (please check one)

- 1. Preserving existing assets above all else _____
- 2. Preserving existing assets combined with growth for inflation _____
- 3. Conservative income with minimum risk _____
- 4. Maximum income with some risk _____
- 5. Conservative growth of asset, income secondary, some risk _____
- 6. Maximum growth of assets, substantial risk _____
- 7. Are there any investments you are opposed to or have had a bad experience with, if so, what are they?

Concerns:

Income

Employment Income	Client	Spouse	Total
Salary, Wages			
Business Income			

Taxable Investment	Client	Spouse	Total
Interest			
Dividend			
Rents, Partnerships			
Other			

Miscellaneous Income	Client	Spouse	Total
Pension			
Social Security			
Other			

Disability Insurance

Company	Origin Date	Account Value	Owner/Insured	Premium

Long Term Care Insurance

Company	Insured	Benefit	Premium

Umbrella Policy

Company	Insured	Benefit	Premium

