

# Client Basic Fact Finder DATE: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ **S/M/W/D:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**Cell Phone #** \_\_\_\_\_  
**Employment:**  
    **Title:** \_\_\_\_\_ **Co.Name:** \_\_\_\_\_ **Emp. Date:** \_\_\_\_\_  
**Gross Annual Income:** \_\_\_\_\_ **Avg. Bonus(if any):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Wk.Phone #:** \_\_\_\_\_  
**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Co-Client Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ **S/M/W/D:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
**Cell Phone #** \_\_\_\_\_  
**Employment:**  
    **Title:** \_\_\_\_\_ **Co.Name:** \_\_\_\_\_ **Emp. Date:** \_\_\_\_\_  
**Gross Annual Income:** \_\_\_\_\_ **Avg. Bonus(if any):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #'s:** \_\_\_\_\_  
**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Tax Bracket:** \_\_\_\_\_ %

**Risk Tolerance: ( I can help with this) Conservative:** \_\_\_\_\_ **Moderate** \_\_\_\_\_ **Aggressive:** \_\_\_\_\_

## **Dependents (Full Names Please):**

**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Will/Trust?:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Dated:** \_\_\_\_\_ **Attorney Name:** \_\_\_\_\_  
**Attorney Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Title of Trust Client:** \_\_\_\_\_  
**Title of Trust Co-Client:** \_\_\_\_\_

## **Cash Accounts: OR BETTER : (Attach copies of all Financial Statements)**

**Checking:** \$ \_\_\_\_\_  
**Savings/NOW/Cred.Unions:** \$ \_\_\_\_\_  
**CD's:** \$ \_\_\_\_\_

**Life Insurance Cash Value: Client:** \$ \_\_\_\_\_ **Co-Client:** \$ \_\_\_\_\_  
**Total Death Benefit Client:** \_\_\_\_\_ **Tot.DB Co-Client \$** \_\_\_\_\_

**Disability:** \_\_\_\_\_ **Long Term Care:** \_\_\_\_\_

**Real Estate: Date of Purchase** \_\_\_\_\_ **Owned by:** \_\_\_\_\_

**Price Paid:** \$ \_\_\_\_\_ **Market Value \$** \_\_\_\_\_

**Mortgage:** \_\_\_\_\_ **Terms:** \_\_\_\_\_ % \_\_\_\_\_ Years \_\_\_\_\_ Fixed or \_\_\_\_\_ Variable Rate

**Bonds\*:** \$ \_\_\_\_\_

**Annuities\*:** \$ \_\_\_\_\_

**Mutual Funds\*:** \$ \_\_\_\_\_

**Stocks\*:** \$ \_\_\_\_\_

**\*Include amounts in retirement accounts TOTAL CAPITAL :\$** \_\_\_\_\_

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OTHER Real Estate: Location: \_\_\_\_\_

Purchase Date:\_\_\_\_\_Title:\_\_\_\_\_ Price Pd:\_\_\_\_\_ Mkt. Value \_\_\_\_\_

Mortgage Amt: \_\_\_\_\_ Terms \_\_\_\_ % \_\_\_\_ Years \_\_\_\_ Fixed or \_\_\_\_ Variable Rate

Do you pay off your credit cards to \$0 balances monthly: \_\_\_\_\_ YES or \_\_\_\_ NO

If no, is it a budgeting issue? Explain: \_\_\_\_\_

**Current Needs/Concerns/Reason for Visit:** \_\_\_\_\_

\_\_\_\_\_

**Summary/Action Decided:** \_\_\_\_\_

**Why?:** \_\_\_\_\_

**Purpose of Investment:** \_\_\_\_\_

**Source of Funds to be used:** \_\_\_\_\_

**Investment Time Frame:** < 3 yrs \_\_\_\_\_ 3-7 yrs \_\_\_\_\_ 7-10 yrs \_\_\_\_\_ >10 yrs \_\_\_\_\_

\_\_\_\_\_