

Client Fact Finder



Name

Date of Birth

Street Address (OPTIONAL)

City (OPTIONAL)

State (OPTIONAL)

Zip (OPTIONAL)

Cell phone number

Email address

Marital Status

- Single
- Married
- Divorced
- Separated
- Widowed
- Domestic Partnership

EMPLOYMENT INFORMATION

Employment status (OPTIONAL)

- Retired
- Employed full time
- Employed part time
- Business owner
- Homemaker
- Not currently employed

Gross annual income (OPTIONAL)

Average bonus/other income (OPTIONAL)

DEPENDENTS / BENEFICIARIES

Name (OPTIONAL)

Date of Birth (OPTIONAL)

Relationship to client (OPTIONAL)

Name (OPTIONAL)

Date of Birth (OPTIONAL)

Relationship to client (OPTIONAL)

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Date of Birth (OPTIONAL)

Relationship to client (OPTIONAL)

What are your plans, if any, for additional children? (OPTIONAL)

Do you expect to support parents, siblings or other relatives now or in the future? (OPTIONAL)

FINANCIAL INFORMATION

Estimated net worth (OPTIONAL)

Tax Bracket %

Risk Tolerance

- Conservative
- Moderate
- Aggressive

Investment objective (OPTIONAL)

Assets, Liabilities and Insurance (OPTIONAL)

Do you own or rent your home?

- Own
- Rent

Do you own a second home? (OPTIONAL)

- Yes
- No

Do you have life insurance? (OPTIONAL)

- Yes
- No

Do you have a long-term care policy? (OPTIONAL)

- Yes
- No

Do you have a Will?

- Yes
- No

Do you have a Trust?

- Yes
- No

Other liabilities - student loans, car loans, credit cards, etc. (OPTIONAL)

Do you currently contribute to an employer retirement plan (401k, 403b, etc.)? (OPTIONAL)

- Yes
- No

At what age would you like to retire?

Is there any immediate need or concern that you would like us to make a priority? (OPTIONAL)

Is there any other financial information that you feel we should know about you? (OPTIONAL)

Trusted Contact Person: Name & Phone Number (OPTIONAL)

Who can we thank for referring you to our firm?