

Preliminary Fact Finder

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|--------------------|--------------------|-----------------|
| FA: | Agency: | Date: |
| Client Name: | DOB: | US Citizen: Y N |
| Spouse Name: | DOB: | US Citizen: Y N |
| Address: | City, State, Zip: | |
| Home Phone: | Fax: | E-mail: |
| Client Cell Phone: | Spouse Cell Phone: | |

Family Data:

| Children | DOB | Marital Status | US Citizen | Spouse | DOB | Marital Status | US Citizen |
|---------------|-----|----------------|------------|---------------|-----|----------------|------------|
| | | S M Sep Div | Y N | | | S M Sep Div | Y N |
| | | S M Sep Div | Y N | | | S M Sep Div | Y N |
| | | S M Sep Div | Y N | | | S M Sep Div | Y N |
| Grandchildren | | | | Grandchildren | | | |
| | | S M Sep Div | Y N | | | S M Sep Div | Y N |
| | | S M Sep Div | Y N | | | S M Sep Div | Y N |

Property:

| Real Estate/ Personal | Current Value | Tax Basis | Pre-Retire Gross Growth | Post-Retire Gross Growth | Owner |
|--------------------------|---------------|-----------|----------------------------|-----------------------------|-------|
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Investments:

| Type/Institution Name | Current Value | Tax Basis | Pre-Retire Gross Growth | Post-Retire Gross Growth | Owner |
|--------------------------|---------------|-----------|----------------------------|-----------------------------|-------|
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Retirement:

| Type/ Institution Name | Current Value | Pre-Retire Gross Growth | Post-Retire Gross Growth | Owner | Beneficiary | Employee Contribution | Employer Contribution |
|------------------------------|------------------|-------------------------------|--------------------------------|-------|-------------|--------------------------|--------------------------|
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Business Assets:

| Business Name | Base Value | Tax Basis | Pre-Retire Gross Growth | Post-Retire Gross Growth | Owner | Business Type |
|---------------|------------|-----------|-------------------------|--------------------------|-------|---------------|
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Insurance:

| | Life 1 | Life 2 | | Long Term Care | Disability |
|------------------------|--------|--------|--------------------|----------------|------------|
| Policy Number | | | Policy Number | | |
| Institution Name | | | Institution Name | | |
| Purchase Date | | | Purchase Date | | |
| Policy Type | | | Insured | | |
| Person Insured | | | Benefit Amount | | |
| Owner | | | Owner | | |
| Beneficiary | | | Annual Premium | | |
| Death Benefit | | | Premium Term | | |
| Cash Value | | | Premium Payer | | |
| Cash Value Growth Rate | | | Elimination Period | | |
| Annual Premium | | | Benefit Period | | |
| Premium Term | | | COLA | | |
| Premium Payer | | | | | |
| Reinvested At | | | | | |

Does your Insurance continue to fill a need?

Do you work closely with a life insurance agent?

Liability:

| Mortgage/Loans | Institution Name | Current Balance | As of Date | Interest Rate | Loan Term |
|----------------|------------------|-----------------|------------|---------------|-----------|
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Salary/Bonus and Social Security:

| | Annual Amount | Indexed At | Owner | Destination Account | Guaranteed | Starts | Ends |
|--------------|---------------|------------|-------|---------------------|------------|--------|------|
| Salary/Bonus | | | | | | | |
| Salary/Bonus | | | | | | | |
| Social Sec. | | | | | | | |

Expenses:

| Current | Semi-Retirement | Retirement | Advanced Years | Desired income in the Event of Death: Client's Death: Spouse's Death: |
|---------|-----------------|------------|----------------|---|
| | | | | |

Current Estate Plans:

| | Simple Will | RLT | Funded | Gifts | ILIT | FLP | CLT | CRT | Bus. Succession | Other |
|--------|-------------|-----|--------|-------|------|-----|-----|-----|-----------------|-------|
| Client | | | | | | | | | | |
| Spouse | | | | | | | | | | |

Attorney/CPA Questions:

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|--|---|
| Do you have an Estate Planning Attorney? Y N | Would you like us to recommend someone? Y N |
| Is your Attorney a key decision maker for you? Y N | Is your CPA a key decision maker for you? Y N |

Personal Questions:

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| Do you feel you have achieved financial security through retirement? Y N |
| Do you have any potential inheritances? Y N |
| How would you like to pass your estate? |
| Do you plan to leave any portion of your estate to charity? Y N |
| Do you need to make any special financial provisions for any member of your family? Y N Who? |
| What are your plans to deal with Estate Taxes? |
| What is your largest obstacle in achieving your goals? |
| Are you willing to invest effort/money, if plan serves to reduce/eliminate tax? Y N |
| Financial Risk Tolerance: F Conservative F Moderate F Aggressive |