

Client Introduction Factfinder

Date:

Personal Information

Last Name, First Name		Birth Date	
Last Name, First Name		Birth Date	
Street Address		City, State, Zip	
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Other Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Other Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email Address		Education Level	
Occupation	Employer		

Financial Concerns

Rate how important the following financial concerns are to you, 5 being the most important, 1 being the least important.

Budgeting	Estate Planning*
Short-Term Saving (e.g. buy a house, take a vacation, etc.)	Start a Business
Educational Savings	Tax Planning*
Retirement Savings	Insurance Needs
Investment Planning	Organize my financial documents

Financial Goals

Share your most important Short-Term (3 years), Medium-Term (5-7 years), and Long-Term (7+ years) Goals below.

Short-Term Goals
Medium-Term Goals
Long-Term Goals

Additional Information

Share any other concerns or items of interest in the box below.

Notes

*We do not provide legal or tax advice. Consult your legal and/or tax advisor.

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CURRENT FINANCIAL OVERVIEW

Net Worth: Please fill in the form below. For assets, use the current fair market value.

Assets		Liabilities	
Cash & CDs		Mortgages	
Primary Residence		Other Home Loans	
Secondary Residence		Vehicle Loans	
Automobiles		School Loans	
Other Vehicles		Business Loans	
Business Interests		Other Loans	
Retirement Accounts		Notes	
Investments		Credit Cards	
Fine Art, Jewelry, Collectibles		Medical Bills	
Other Personal Property		Taxes	
Additional Assets		Additional Liabilities	
Total Assets		Total Liabilities	
		Net Worth	

Monthly Cash Flow: Please fill in the form below with your monthly income and expenses.

Monthly Income		Monthly Expenses	
Salary		Mortgage	
Bonuses, Commissions		Loan Payments	
Pension Income		Credit Card Payments	
Annuity Income		Utilities	
Rental Property Income		Food	
Interest, Dividends		Medical	
Alimony		Transportation	
Child Support		Insurance	
Trust Income		Personal Care	
Social Security		Entertainment	
Other Income		Other Expenses	
Total Income		Total Expenses	

Insurance: Please note the types of coverage you currently have by marking "g" for Group and "i" for Individual coverage.

Health	Homeowner or Renter	Personal Umbrella Liability
Disability	Auto	Business Owner
Life	Long-Term Care	Business Liability