



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	
Cash & CDs	
Primary Residence	
Secondary Residence	
Automobiles	
Other Vehicles	
Business Interests	
Retirement Accounts	
Investments	
Fine Art, Jewelry, Collectibles	
Other Personal Property	
Additional Assets	
Total Assets	

Liabilities	
Mortgages	
Other Home Loans	
Vehicle Loans	
School Loans	
Business Loans	
Other Loans	
Notes	
Credit Cards	
Medical Bills	
Taxes	
Additional Liabilities	
Total Liabilities	
Net Worth	

Monthly Cash Flow:

Monthly Income	
Salary	
Bonuses, Commissions	
Pension Income	
Annuity Income	
Rental Property Income	
Interest, Dividends	
Alimony	
Child Support	
Trust Income	
Social Security	
Other Income	
Total Income	

Monthly Expenses	
Mortgage	
Loan Payments	
Credit Card Payments	
Utilities	
Food	
Medical	
Transportation	
Insurance	
Personal Care	
Entertainment	
Other Expenses	
Total Expenses	

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

<input type="checkbox"/>	Health	<input type="checkbox"/>	Homeowner or Renter	<input type="checkbox"/>	Personal Umbrella Liability
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Auto	<input type="checkbox"/>	Business Owner
<input type="checkbox"/>	Life	<input type="checkbox"/>	Long-Term Care	<input type="checkbox"/>	Business Liability

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