

Financial Fact Finder

Date _____

Keeping track of your investments and liabilities is an important tool when ascertaining your financial health. This Financial Fact Finder will help you keep your financials at your fingertips. This form and the following documents will help your investment advisor.

- Most recent tax return
- Mutual Fund/Brokerage Account Reports or Statements
- Annuity Contracts and Most Recent Statements
- Life Insurance Policies and Most Recent Statements

Name		Nickname	
Date of birth	SS#	Age	
Occupation			
Spouse or partner's name		Nickname	
Date of birth	SS#	Age	
Occupation			
Mailing address		Apt#	
City	State	Zip	
Home phone	Business phone		
E-mail address			

Are you eligible to participate in an employer-sponsored retirement plan?

Head of household: Yes No Spouse or partner: Yes No

Are you concerned about possible long-term care expenses?

Yes No

Bank and non-IRA accounts (checking, savings, money market)

Name of institution	Type of account	Maturity date	Interest %	Approx. balance
			%	\$
			%	\$
			%	\$
			%	\$

IRAs and other retirement accounts

Type (IRA, 401(k), TSA, etc.)	Location (bank, broker, employer)	Approx. value
		\$
		\$
		\$
		\$

Stocks and bonds (for which you hold the certificate)

Name of stock or bond	Number of shares	Approx. market value
		\$
		\$
		\$
		\$

Mutual funds and brokerage accounts

Name of brokerage firm or mutual fund	Number of shares	Approx. market value
		\$
		\$
		\$
		\$

Annuities

Company	Annuitant/owner	Interest rate	Fixed/variable	Effective date	Approx. value
		%		\$	\$
		%		\$	\$
		%		\$	\$
		%		\$	\$
		%		\$	\$
		%		\$	\$

Real estate portfolio detail

Please enter the following abbreviations in the "type" column:

PR = Primary residence

SR = Secondary residence

R = Recreation

property I = Investment property

F = First mortgage

O = Other

Type	Market value	Equity	Term (yrs)	Mortgage balance	Monthly payment	Interest
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%
	\$	\$		\$	\$	%

Life insurance

Company	Name of insured	Type (whole life, term, etc.)	Approx. death benefit	Amount, if loan against
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Liabilities (Please do not include real estate loans in this section.)

Item or company name	Balance	Interest rate	Minimum payment	Current payment
Auto loan 1	\$	%	\$	\$
Auto loan 2	\$	%	\$	\$
Auto loan 3	\$	%	\$	\$
Recreational vehicle	\$	%	\$	\$
Credit card 1	\$	%	\$	\$
Credit card 2	\$	%	\$	\$
Credit card 3	\$	%	\$	\$
Line of credit	\$	%	\$	\$
Student loan	\$	%	\$	\$
Other	\$	%	\$	\$

Household cash flow

Your wages	\$	/year	Source:
Spouse/partner's wages	\$	/year	Source:
Other income	\$	/year	Source:
Other income	\$	/year	Source:

How much can you afford to save each month, including what you are saving now? \$ _____

What are your primary financial concerns? \$ _____

What are your primary financial concerns?
(Please list in order of importance.)

What are your primary financial goals?
