

A photograph of a winding asphalt road with yellow double lines, curving through a dense forest with trees displaying vibrant autumn foliage in shades of yellow, orange, and red. The text is overlaid on the left side of the image.

Fact Finder

IT'S ALL ABOUT CLARITY®

PREPARED FOR:

PRESENTED BY:

DATE:

Personal Background

Client Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

DOB: _____ SSN: _____

Home Phone #: _____ Work Phone #: _____

Email address: _____

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er)

Employer: _____

Company address: _____

Occupation: _____ Self-Employed: ☐ Yes ☐ No

Annual Income \$: _____ Bonus \$: _____ Other Income \$: _____

Co-Client Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

DOB: _____ SSN: _____

Home Phone #: _____ Work Phone #: _____

Email address: _____

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er)

Employer: _____

Company address: _____

Occupation: _____ Self-Employed: ☐ Yes ☐ No

Annual Income \$: _____ Bonus \$: _____ Other Income \$: _____

Personal Background (cont.)

Children Names	Ages	DOB	Social security #'s

Have you done any financial planning in the past? ☐ Yes ☐ No

Include social security in planning? ☐ Yes ☐ No

Have you ever filed bankruptcy? ☐ Yes ☐ No If yes, when? _____

Do you donate to charity? ☐ Yes ☐ No Approximate Amount Per Year \$: _____

Do you Perform Volunteer Work? ☐ Yes ☐ No

Approximate Amount of Hours Per Year: _____

Are you a business owner or have an ownership position in a business?: ☐ Yes ☐ No

If yes, do you have a 401(k) retirement plan or other plan? ☐ Yes ☐ No

If yes, please specify type of plan, who the plan is with and the amount of the plan: _____

Do you have an accountant? ☐ Yes ☐ No Are you satisfied with him/her? ☐ Yes ☐ No

Do you have an attorney? ☐ Yes ☐ No Are you satisfied with him/her? ☐ Yes ☐ No

Do you have a realtor? ☐ Yes ☐ No Are you satisfied with him/her? ☐ Yes ☐ No

Do you have a P&C insurance agent? ☐ Yes ☐ No Are you satisfied with him/her? ☐ Yes ☐ No

Do you have a mortgage professional? ☐ Yes ☐ No Are you satisfied with him/her? ☐ Yes ☐ No

Assets: List each asset separately if more than 1 per category (example: 2 cars or 2 IRAs).

Liabilities: List each liability separately if more than 1 per category (example: 2 credit cards or 2 mortgages). Credit cards, mortgages, auto loans, student loans, bank loans (line of credits), personal loans, other debt obligations.

[illegible]

TOTAL ASSETS: \$ _____ **TOTAL LIABILITIES: \$** _____

TOTAL NET WORTH: \$

Life Insurance (list group insurance from work as well):

Insured	Type of Ins./Carrier	Owner	Beneficiary	Benefit	Premium
Example: John Doe	30 year term/a IG	John Doe	Jane Doe	\$500,000	\$35/month

Disability Insurance (list group insurance from work as well):

Insured	Monthly Benefit	Annual Premium	Elimination Period	Benefit Years	Group or Individual

Do you have long term care insurance? ☐ Yes ☐ No

Owner/ Insured	Monthly Benefit	Pretax/ Aftertax	Annual Premium	Benefit Period	Elimination Period	COLA

Estate Documents

	Client	Co-Client	Date of Document
Will	☐ Yes ☐ No	☐ Yes ☐ No	_____
Includes Bypass Trust	☐ Yes ☐ No	☐ Yes ☐ No	_____
Revocable Living Trust	☐ Yes ☐ No	☐ Yes ☐ No	_____
Healthcare Directive	☐ Yes ☐ No	☐ Yes ☐ No	_____
Power of Attorney	☐ Yes ☐ No	☐ Yes ☐ No	_____
Other Estate Planning Documents	☐ Yes ☐ No	☐ Yes ☐ No	_____

Social Security**Client**

When will you be taking Social Security?

- ☐ Full Retirement Age (FRA) As early as possible
☐ Age: _____
☐ I am ineligible for Social Security benefits

Select one option for the benefit amount:

- ☐ Use this amount: \$ _____ per month
(pre-tax, current dollars)
☐ Use the planner estimate
(based on current employment income)
☐ Estimate the benefit using my Primary
Insurance Amount

Co-Client

When will you be taking Social Security?

- ☐ Full Retirement Age (FRA) As early as possible
☐ Age: _____
☐ I am ineligible for Social Security benefits

Select one option for the benefit amount:

- ☐ Use this amount: \$ _____ per month
(pre-tax, current dollars)
☐ Use the planner estimate
(based on current employment income)
☐ Estimate the benefit using my Primary
Insurance Amount

Pension☐ N/A - Do not have a pension**Client's Pension**

Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year: _____Amount of benefit (estimate of pre-tax future value): \$ _____ per ☐ Month ☐ YearWill this amount inflate? ☐ Yes, _____% ☐ No

Survivor benefit: \$ _____

Co-Client's Pension

Description: _____

Income begins: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ Receiving Now ☐ Year: _____Amount of benefit (estimate of pre-tax future value): \$ _____ per ☐ Month ☐ YearWill this amount inflate? ☐ Yes, _____% ☐ No

Survivor benefit: \$ _____

401(k) / Employer Retirement Plans**Client's Plan**

Description: _____

Current total value: \$ _____ Current Roth value: \$ _____

Income

Total income from this employer: \$ _____ Assumed annual increase in income: _____%

Your contributionsPre-tax contributions: _____% of annual income or ☐ Assume max contribution each year

Roth contributions: _____% After-tax contributions (non-Roth): _____%

Employer contributions *(If your employer matches your contributions, complete this section)*

Employer will match this % of your contribution: _____% Until your contribution reaches: _____%

Client's Plan

Description: _____

Current total value: \$ _____ Current Roth value: \$ _____

Income

Total income from this employer: \$ _____ Assumed annual increase in income: _____%

Your contributionsPre-tax contributions: _____% of annual income or ☐ Assume max contribution each year

Roth contributions: _____% After-tax contributions (non-Roth): _____%

Employer contributions *(If your employer matches your contributions, complete this section)*

Employer will match this % of your contribution: _____% Until your contribution reaches: _____%

Retirement Goal

Goal importance:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10 **9** **8** **7** **6** **5** **4** **3** **2** **1**

Needs

Wants

Wishes

Age to retire:

Client

Co-Client

Life expectancy:

Client

Co-Client

Retirement Living Expenses:

Enter living expenses for the following retirement periods:

Current Living Expenses: \$ _____ per ☐ Month ☐ Year

Assumed Retirement Living Expenses (in today's dollars): \$ _____ per ☐ Month ☐ Year

Expenses that end during retirement (e.g., mortgage, loan):

Description: _____ Amount: \$ _____

per ☐ Month ☐ Year Year it will end: _____

Description: _____ Amount: \$ _____

per ☐ Month ☐ Year Year it will end: _____

Will you change states in retirement? ☐ No ☐ Yes

If yes, where? _____

When will you move? ☐ Client's retirement ☐ Co-Client's retirement ☐ Year: _____

Assumed rate of inflation: ☐ Use historical rate ☐ Use this rate: _____ %

Other information or considerations:

College Goal

Child's name: _____ Year to start: _____ # of years of college: _____

Child's name: _____ Year to start: _____ # of years of college: _____

Child's name: _____ Year to start: _____ # of years of college: _____

Child's name: _____ Year to start: _____ # of years of college: _____

Goal importance:

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	9	8	7	6	5	4	3	2	1
Needs			Wants			Wishes			

Cost estimate: (fill in A, B, or C)

A. My cost estimate: \$ _____ (Annual cost)

B. Use an average cost:

- ☐ Public In-State (4-year) - \$20,339
 ☐ Public Out-Of-State (4-year) - \$32,329
☐ Public In-State (2-year) - \$14,637
 ☐ Public Out-Of-State (4-year) - \$22,912
☐ Private (4-year) - \$40,476
 ☐ Average All - \$26,832

C. Specific college: ☐ Under Graduate ☐ Graduate

State in which the college is located: _____

Include costs for the following:

☐ Tuition
 ☐ Out-of-State fees
 ☐ Room & Board
 ☐ Books & Supplies
 ☐ Other Costs

Outside funding for college: (optional)

Scholarships: \$ _____ Student employment: \$ _____

Student loans: \$ _____ Gifts and other: \$ _____

Your own income: \$ _____ Your loans: \$ _____

Outside assets:

1. Type of asset: _____ Description: _____
 Current value: \$ _____ Annual addition: \$ _____
 Growth rate: _____%
2. Type of asset: _____ Description: _____
 Current value: \$ _____ Annual addition: \$ _____
 Growth rate: _____%

Assumed rate of inflation: ☐ Suggested rate of 6% ☐ Use this rate: _____%

Financial Goal: *(Major purchases, weddings, travel, new home, etc.)*

Description: _____

Goal importance:

☐ **10** ☐ **9** ☐ **8** ☐ **7** ☐ **6** ☐ **5** ☐ **4** ☐ **3** ☐ **2** ☐ **1**
 Needs Wants Wishes

Year of goal: _____

Cost: \$ _____ per ☐ Month ☐ Year

Will this amount inflate? ☐ No ☐ Yes, _____%

Is this goal recurring? ☐ No ☐ Yes ☐ How often will it occur: Every _____ year(s)

When will it end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan
☐ End of Co-Client's Plan ☐ End of Plan

OR, Total Occurrences: _____

Description: _____

Goal importance:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐**10****9****8****7****6****5****4****3****2****1**

Needs

Wants

Wishes

Year of goal: _____

Cost: \$_____ per ☐ Month ☐ YearWill this amount inflate? ☐ No ☐ Yes, _____%Is this goal recurring? ☐ No ☐ Yes ☐ How often will it occur: Every _____ year(s)When will it end: ☐ Client's Retirement ☐ Co-Client's Retirement ☐ End of Client's Plan☐ End of Co-Client's Plan ☐ End of Plan

OR, Total Occurrences: _____



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