

Preliminary Fact Finder

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|-----|---------|-------|
| FA: | Agency: | Date: |
|-----|---------|-------|

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|--------------|-------------|-------------------|
| Client Name: | DOB: | US Citizen: Y N |
| Spouse Name: | DOB: | US Citizen: Y N |
| Address: | | City, State, Zip: |
| Home Phone: | Work Phone: | E-mail: |

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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Projections are based on assumptions provided by the advisor/representative, and are not guaranteed. Actual results will vary, perhaps to a significant degree. The projected reports are hypothetical in nature and for illustrative purposes only. Consult your tax and/or legal advisor before implementing any tax or legal strategies.

Insurance:

| | Policy 1 | Policy 2 |
|------------------------|----------|----------|
| Policy Number | | |
| Institution Name | | |
| Purchase Date | | |
| Policy Type | | |
| Person Insured | | |
| Owner | | |
| Beneficiary | | |
| Death Benefit | | |
| Cash Value | | |
| Cash Value Growth Rate | | |
| Annual Premium | | |
| Premium Term | | |
| Premium Payer | | |
| Reinvested At | | |

| | Long Term Care | Disability |
|--------------------|----------------|------------|
| Policy Number | | |
| Institution Name | | |
| Purchase Date | | |
| Insured | | |
| Benefit Amount | | |
| Owner | | |
| Annual Premium | | |
| Premium Term | | |
| Premium Payer | | |
| Elimination Period | | |
| Benefit Period | | |
| COLA | | |

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: _____ |
|---------|-----------------|------------|----------------|--|
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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: ? Conservative ? Moderate ? Aggressive |

Retirement Goal:

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|---|-------------------------|--------------|
| At what age will you retire? | | |
| What will be your annual retirement living expenses? | Amount: | Growth Rate: |
| How much of your assets do you want remaining at the end of the estate? | | |
| How much will you save monthly toward retirement? | Non-Qualified Savings : | |
| | Qualified Savings: | |
| | Savings Growth Rate: | |

Other Financial Goals:

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|--|--|
| #1 Goal Name: | |
| Type of Goal (<i>Vacation Home, Education, Wedding, etc.</i>): | |
| Annual Cost: | |
| Costs Grow At: | |
| Goal Starts: | |
| Goal Ends: | |
| Minimum Desired Funding Level (%): | |
| Maximum Funding Level if Death (%): | |
| Maximum Funding Level if Disability or LTC Need (%): | |
| Funds Already Saved: | |
| Future Monthly Contributions: | |
| Savings Growth Rate: | |

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|--|--|
| #2 Goal Name: | |
| Type of Goal (<i>Vacation Home, Education, Wedding, etc.</i>): | |
| Annual Cost: | |
| Costs Grow At: | |
| Goal Starts: | |
| Goal Ends: | |
| Minimum Desired Funding Level (%): | |
| Maximum Funding Level if Death (%): | |
| Maximum Funding Level if Disability or LTC Need (%): | |
| Funds Already Saved: | |
| Future Monthly Contributions: | |
| Savings Growth Rate: | |

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|--|--|
| #3 Goal Name: | |
| Type of Goal (<i>Vacation Home, Education, Wedding, etc.</i>): | |
| Annual Cost: | |
| Costs Grow At: | |
| Goal Starts: | |
| Goal Ends: | |
| Minimum Desired Funding Level (%): | |
| Maximum Funding Level if Death (%): | |
| Maximum Funding Level if Disability or LTC Need (%): | |
| Funds Already Saved: | |
| Future Monthly Contributions: | |
| Savings Growth Rate: | |

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| #4 Goal Name: | |
| Type of Goal (<i>Vacation Home, Education, Wedding, etc.</i>): | |
| Annual Cost: | |
| Costs Grow At: | |
| Goal Starts: | |
| Goal Ends: | |
| Minimum Desired Funding Level (%): | |
| Maximum Funding Level if Death (%): | |
| Maximum Funding Level if Disability or LTC Need (%): | |
| Funds Already Saved: | |
| Future Monthly Contributions: | |
| Savings Growth Rate: | |

| #5 Goal Name: | |
|--|--|
| Type of Goal (<i>Vacation Home, Education, Wedding, etc.</i>): | |
| Annual Cost: | |
| Costs Grow At: | |
| Goal Starts: | |
| Goal Ends: | |
| Minimum Desired Funding Level (%): | |
| Maximum Funding Level if Death (%): | |
| Maximum Funding Level if Disability or LTC Need (%): | |
| Funds Already Saved: | |
| Future Monthly Contributions: | |
| Savings Growth Rate: | |

| #6 Goal Name: | |
|--|--|
| Type of Goal (<i>Vacation Home, Education, Wedding, etc.</i>): | |
| Annual Cost: | |
| Costs Grow At: | |
| Goal Starts: | |
| Goal Ends: | |
| Minimum Desired Funding Level (%): | |
| Maximum Funding Level if Death (%): | |
| Maximum Funding Level if Disability or LTC Need (%): | |
| Funds Already Saved: | |
| Future Monthly Contributions: | |
| Savings Growth Rate: | |

| #7 Goal Name: | |
|--|--|
| Type of Goal (<i>Vacation Home, Education, Wedding, etc.</i>): | |
| Annual Cost: | |
| Costs Grow At: | |
| Goal Starts: | |
| Goal Ends: | |
| Minimum Desired Funding Level (%): | |
| Maximum Funding Level if Death (%): | |
| Maximum Funding Level if Disability or LTC Need (%): | |
| Funds Already Saved: | |
| Future Monthly Contributions: | |
| Savings Growth Rate: | |

| #8 Goal Name: | |
|--|--|
| Type of Goal (<i>Vacation Home, Education, Wedding, etc.</i>): | |
| Annual Cost: | |
| Costs Grow At: | |
| Goal Starts: | |
| Goal Ends: | |
| Minimum Desired Funding Level (%): | |
| Maximum Funding Level if Death (%): | |
| Maximum Funding Level if Disability or LTC Need (%): | |
| Funds Already Saved: | |
| Future Monthly Contributions: | |
| Savings Growth Rate: | |