

Fact Finder

Date: _____

Client Information			
Client Name:		DOB:	US Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N
Spouse Name:		DOB:	US Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N
Address:		City, State, Zip:	
Home Phone:	Client Cell:	Spouse Cell:	
Fax:	Email:		

Family Information			
Children Name	DOB	Marital Status	US Citizen
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
Grandchildren Name	DOB	Marital Status	US Citizen
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse's Children Name	DOB	Marital Status	US Citizen
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N

Salary/Bonus and Social Security

	Annual Amount	Indexed At	Owner	Guaranteed	Starts	Ends
Salary/Bonus			<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N		
Salary/Bonus			<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N		
Social Sec.			<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N		
Social Sec.			<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N		

Current Estate Planning Documents

	Simple Will	Family Trust	Annual Gifts	Irrevocable Life Insurance Trust	Family Limited Partnership	Charitable Lead Trust	Charitable Remainder Trust	Business Succession	Other
Client									
Spouse									

Attorney/CPA Associates

Do you have an Estate Planning Attorney? Yes No

If Yes, name and contact info: _____

Is your Attorney a key decision maker for you? Yes No

Would you like us to recommend someone? Yes No

Do you have a CPA? Yes No

If Yes, name and contact info: _____

Is your CPA a key decision maker for you? Yes No

Would you like us to recommend someone? Yes No

Personal Questions

Do you feel you have achieved financial security? Yes No

Do you have any potential inheritances? Yes No

Do you need to make any special financial provisions for any family member? Yes No

How would you like to pass your estate? _____

Do you plan to leave a portion of your estate to charity? Yes No

What are your plans to deal with Estate Taxes? _____

What do you think is your largest obstacle in achieving your goals? _____

Are you willing to invest effort/money, if a plan would reduce/eliminate your taxes? Yes No

Financial Risk Tolerance?

Aggressive Growth

Growth with Income

Income with Capital Preservation

Growth

Income with Moderate Growth

Expenses				
Current	Semi-Retirement	Retirement	Advanced Years	Desired Income in the Event of Death
				Client's: Spouse's:

Retirement Goals
Age of Client:
Age of Spouse:
Notes:

Education Goals	
Goal #1	Year/Age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/% to fund: _____
Goal #2	Year/Age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/% to fund: _____
Goal #3	Year/Age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/% to fund: _____
Notes:	

Major Purchase Goals	
Type of Purchase:	
Year of Purchase:	Amount required:
Notes:	

Property			
Real Estate/ Personal	Current Value	Tax Basis	Owner

Liability					
Mortgage/Loans	Institution Name	Current Balance	Monthly Payment	Interest Rate	Loan Term

Investments			
Type/Name Institution	Current Value	Tax Basis	Owner

Business Assets				
Business Name	Base Value	Tax-Basis	Owner	Business Type

Retirement					
Type/Institution Name	Current Value	Owner	Beneficiary	Employee Contribution	Employer Contribution

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		
	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? Yes No Do you work closely with a Life Insurance Agent? Yes No

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