



Fact Finder

Personal Information				Date of Statement	
Name (first, middle, last)		Birthdate		Social Security Number	
Home Address (include apt.)		City, State, Zip			
Home Phone (with area code)		Email address		Smoker <input type="radio"/>	
				Non-Smoker <input type="radio"/>	
Business/Employer			Title		How long
Business Address			City, State, Zip		
Business Phone (with area code)		Business Fax (with area code)		Do you have dependents? If yes, list ages	
Assets			Liabilities		
Cash on hand and unrestricted in banks		\$	Notes payable to banks		\$
Notes Receivable		\$	Credit Cards		\$
Cash surrender value life insurance (Do not deduct loans) --- Schedule 1		\$	Loan(s) against life insurance --- Schedule 1		\$
Listed (AMEX, NYSE) stocks, bonds, US Govt Securities --- Schedule 2		\$	Margin accounts		\$
Other stocks --- Schedule 2		\$	Taxes accrued but unpaid		\$
Mutual Funds		\$	Mortgage payable on real estate --- Schedule 3		\$
Real estate at cost or market value --- Schedule 3		\$	Other liabilities – itemize		\$
Qualified retirement plans (defined benefit, 401(k), etc.)		\$			\$
Automobiles		\$			\$
Other assets – itemize		\$			\$
		\$			\$
		\$			\$
Total Assets =			Total Liabilities =		
			\$		
What is your investing philosophy? <input type="radio"/> ① conservative <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ aggressive			Net Worth (Total asset - Total liabilities) = \$		
How concerned are with the funding of your retirement <input type="radio"/> ① not concerned <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ very concerned			Income Information <input type="radio"/> Monthly <input type="radio"/> Annual		
How are you with protecting your assets? <input type="radio"/> ① not concerned <input type="radio"/> ② <input type="radio"/> ③ <input type="radio"/> ④ very concerned			Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		
Notes			Estimated Income (salary gross)		\$
			Earned Income (bonus & commissions)		\$
			Portfolio Income (dividends, interest, etc.)		\$
			Passive Income (real estate, etc.)		\$
			Other Income – itemize		\$
			Total Income		\$

Supplementary Schedules Take totals to front (Attach additional pages if necessary)

Schedule 1 – Life Insurance								
Name of Insured	Beneficiary	Insurance Co.	Face amount of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is Policy assigned?
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
Total			\$	\$	\$	\$		

Schedule 2 – Stocks, Bonds and US Government Securities							
Description of Security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, NASDAQ, AMEX Unlisted (U) Government Security (G)	
			\$	\$	<input type="radio"/> <input type="radio"/>		
			\$	\$	<input type="radio"/> <input type="radio"/>		
			\$	\$	<input type="radio"/> <input type="radio"/>		
			\$	\$	<input type="radio"/> <input type="radio"/>		
Total Listed				\$			
Total Unlisted				\$			

Schedule 3 – Real Estate							
Description or address include city and state	Title in name of	Date acquired	Market value	Original amount	Unpaid balance	Monthly payment	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	

Contacts for Information Who would be the best source of information for the following;				
Accounts receivable aging?	Name	Position	Phone number	Email
Personal tax returns (last 2 years)?	Name	Position	Phone number	Email
Business tax returns (last 2 years)?	Name	Position	Phone number	Email
Profit & Loss statement and balance sheet	Name	Position	Phone number	Email
Certified Articles of Incorporation	Name	Position	Phone number	Email

Other Advisors			
Name	Name	Technical Specialist	Affiliation
Position	Position	Marketing Specialist	Affiliation
Phone number	Phone number		