

# Guided level 1 & 2 fact finder

## Mapping your financial future

Preparing for your financial future involves following a disciplined process that involves identifying your goals and exploring financial strategies.

These six steps will help you map your financial future:

- 1. Discovery: Identify and prioritize your financial goals
- 2. Data gathering: Collect facts and figures based on your current situation
- 3. Analyze: Input data and run calculations and identify shortfalls
- 4. Recommend: Propose a financial strategy designed to satisfy your goals
- 5. Implement: Choose a financial strategy and implement
- 6. Periodic review: Review regularly to measure success and make adjustments

The purpose of this questionnaire is to help gather data as part of steps one and two. By taking the time to prepare now, you may be able to lay out a path for your financial future.

### What concerns you the most?

There are a number of different areas to consider when preparing for your financial future. Start now by identifying your financial goals.

	Which of the following areas are important to you?	Complete these sections
Retirement	Assess how your current retirement strategy will meet your objective	I, II, III, IV
College funding	Find out the cost of education and alternative funding methods.	I, <b>∀</b> II
Major purchases	Determine how much you will need to save to purchase a more	VIII
	expensive item, such as a vacation home or boat.	
Needs in the event	Examine the financial impact of death, including immediate cash needs	I, II, III, IV, V, VI
of death	and continuing income needs.	1, 11, 111, 1 v , v , v 1
Disability income	Assess the financial effect of disability on your income.	IX
Investments	Determine your investment style and risk tolerance.	IV
Long-term care	Assess the financial effect long-term care would have on your financial picture.	X

Client A Name (please print)	Client B Name (please print)	Date



## Section I - Personal information

Marital status:						
		Client A			Client	В
First name:						
Last name:						
Date of birth:						
Address:						
City:		State		Zip code	:	
Phone:		Email				
Employment in	formation					
		Client A			Client	В
Employer:						
Occupation:						
Phone:						
For discussion						
Describe your cur	rent job?					
How long have yo	ou been working t	here?				
What are your ca	reer plans?					
Dependent info	ormation					
Dependent's		Date of birth	Depe	ndent's name		Date of birth



For discussion...

Do any of your dependents have special needs?	
Do you plan on having additional children?	
Are there others that financially depend on you (e.g., parents, grandchildren)?	
Do any of your family members live in this area?	

## Section II - Earning & assets

Enter your annual income in this section, including income received from employers as well as from self-employment.

Earnings	Clie	nt A	Clie	nt B
Annual employment income	\$		\$	
Do you contribute to Social Security?	Yes	No	Yes	No

### Assets & liabilities

In this section include your residence, personal property, real estate, and business assets. Do not include any retirement or investment assets, those will be included in Section 6.

### Personal residence

Rent - Monthly rent	\$
Own - Mortgage balance	\$

### Details for mortgage

Name	Market value	Balance	Monthly payment	Interest rate
	\$	\$	\$	%

### Real estate

Name	Market value	Rental income	Rental expense	Rate of return
	\$	\$	\$	%
	\$	\$	\$	%



### Credit cards & personal loans

\$

total or use details below

Name	Amount	Monthly payment	Final payment date	Interest rate
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%

### Additional asset & liabilities details

Type*	Description	Market value	Current liability
		\$	\$
		\$	\$
		\$	\$
		\$	\$

<sup>\*</sup>Such as 2nd Residence, Personal Use Property, etc.

# Section III - Retirement

Many people underestimate the amount of money they will need in retirement. Begin saving for your retirement income as soon as possible.

	Client A	Client B
At what age do you plan to retire?		
At what age will you begin to collect Social Security benefits?		

Indicate your retirement need as a % of current income or a dollar amount for up to three phases.

% of current income (e.g. 80%)	Monthly need (in today's do	Monthly need (in today's dollars)		
%	Phase 1 starts at age: Ref	cirement \$		
	Phase 2 starts at age:	\$		
	Phase 3 starts at age:	\$		



For discussion...

Does your employer offer a retirement plan?	
Are you contributing the maximum?	

## Section IV - Savings and investments

Please provide information regarding retirement plans you may have. Include IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, 401(k)s (Including any employer match), 403(b)s, Profit Sharing Plans, 457 plans, variable annuitues, etc.

### Retirement funds

For this section either enter total amounts or details.

Total amount	Total monthly savings	Average rate of return	
\$	\$	9/	6

Details for the retirement funds (attach statement or complete section below)

Owner	Account name	Asset name	Amount	Rate of return	Monthly savings	Company match	Savings increase
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%



### Bank accounts and investments

or this section either enter total amounts or details.

Total Amount	Total monthly savings	Average rate of return
\$	\$	%

Details for the Retirement Funds (attach statement or complete section below)

Owner	Account name	Asset name	Amount	Rate of return	Monthly savings	Company match	Savings increase
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%
			\$	%	\$	\$	%

For discussion...

What is the best investment you've made?	
What is the worst investment you've made?	
What percentage of your income should be saved?	



### Section V - Life insurance

Current life insurance

Name of insured	Insurance benefit	Insurance company	Annual premium	Туре
			\$	
			\$	
			\$	
			\$	

For discussion...

What do you want your insurance to do for you?

### Section VI - Survivor income

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

Survivor Income Needs
In the event of death, what income (percent or dollar/mo.) should be provided for your family's continuing needs?

Tale everie of a acadi.					
% of current need			М	lonthly dollar amount	
9	%	or	\$		

What age should survivor's Social
Security Retirement Benefits begin?

Provide income for how long?

In the event of death, should your children's education be funded? (If yes, also complete section 7)

Yes

No

## **Section VII - Education**

Many people want to help fund education costs for their children. The sooner you begin to develop a strategy for education savings, the more time your money will have to accumulate.

Child's	School	Research	or	Amount	Number	Percent to
name	<u> </u>	cost?*	Oi	per year	of years	provide
		Yes		\$		%
		Yes		\$		%
		Yes		%		%

<sup>\*</sup> Ilnclude in cost: Tuition (In-State); Tuition (Out-of-State); Room & Board; Books & Supplies



### **Current savings**

Enter any savings already accumulated for your children's education.

Total amount	Total monthly savings	Average rate of return
\$	\$	%
For discussion		
Would you like them to go to	their school of choice?	
How do you feel about your e	ducation funding	
program?		

## Section VIII - Major purchase

	Goal 1	Goal 2	Goal 3
Description:			
Member:			
Target date:			
Amount (today's \$)	\$	\$	\$

### **Current savings**

Enter any savings already accumulated for your major purchase.

Tota	al amount	Total monthly savings	Average rate of return	
\$	\$			%

# Section IX - Disability Income

### Disability income needs

	Client A	Client B
Annual employment income	\$	\$
Income replacement objective	% of current income	% of current income

### Current long-term disability insurance

	Client A	Client B	
Monthly benefit	\$	\$	totals, or use details below



#### Disability Insurance Details

Name of insured	Insurance company	Monthly benefit	Insurance type	Annual premium	Waiting period	Benefit period
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		

#### For Discussion...

What does your current disability plan provide?	
How do you feel about your current plan?	

## Section X - Long term care

### Current long term care expenses

Long-term care expenses can have a tremendous impact on a family's financial security. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Estimated monthly long-term care costs (in today's dollars): \$

### Existing long-term care expenses

Name of insured	Insurance benefit	Frequency	Waiting period	Benefit period	Annual premium
	\$				\$
	\$				\$
	\$				\$
	\$				\$

#### For discussion...

What do you want your insurance to do for you?	
When did you buy your last policy? From whom?	