WealthVision℠

Fact Finder

Date: _____

Client Information

Client Name:		DOB:	US Citizen: ☐ Y ☐ N
Spouse Name:		DOB:	US Citizen: ☐ Y ☐ N
Address:		City, State, Zip:	
Home Phone:	Client Cell:		Spouse Cell:
Fax:	Email:		

Family Information

Children Name	DOB	Marital Status	US Citizen
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N
Grandchildren Name	DOB	Marital Status	US Citizen
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N
Spouse's Children Name	DOB	Marital Status	US Citizen
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N
		☐ S ☐ M	☐ Y ☐ N

WealthVision℠
Powered by *e*Money

LPL Financial

Salary/Bonus and Social Security

	Annual Amount	Indexed At	Owner	Guaranteed	Starts	Ends
Salary/Bonus			☐ Client ☐ Spouse	☐ Y ☐ N		
Salary/Bonus			☐ Client ☐ Spouse	☐ Y ☐ N		
Social Sec.			☐ Client ☐ Spouse	☐ Y ☐ N		
Social Sec.			☐ Client ☐ Spouse	☐ Y ☐ 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   Would you like us to recommend someone? ☐ Yes ☐ No

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

If Yes, name and contact info: _____

_____

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

WealthVision℠
Powered by *eMoney*

LPL Financial