

# PERSONAL FINANCIAL PLANNING FACT FINDER

**Client(s):** \_\_\_\_\_

\_\_\_\_\_

**Planner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## OVERVIEW

The following items are necessary for the creation of a complete and thorough picture of your *current* and *future* financial situation:

Needed      Received      Returned

- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | Prior Financial Plans and Investment Reviews ( <i>include name, address and telephone number of Advisor</i> )   |
| _____ | _____ | _____ | Dependents' Assets and Social Security Numbers  |
| _____ | _____ | _____ | Divorce Decrees and/or Pre/Post Nuptial Agreements  |
| _____ | _____ | _____ | Employee Handbook and Benefit Statements  |
| _____ | _____ | _____ | Paycheck Stubs  |
| _____ | _____ | _____ | Social Security Statements  |
| _____ | _____ | _____ | 2 Years of Tax Returns ( <i>Federal, State and Local</i> ) and Gift and Estate Returns  |
| _____ | _____ | _____ | Will and/or Living Will ( <i>include the name, address and telephone number of attorney</i> )   |
| _____ | _____ | _____ | Codicils and Powers of Attorney   |
| _____ | _____ | _____ | Revocable and/or Irrevocable Living Trust   |
| _____ | _____ | _____ | Stock Option Agreements   |
| _____ | _____ | _____ | Checking Account Statements, Savings and Money Market Statements, CDs   |
| _____ | _____ | _____ | U.S. Savings Bonds  |
| _____ | _____ | _____ | Brokerage, Mutual Fund and Non-Qualified Annuity Account Statements   |
| _____ | _____ | _____ | Stock Certificates (Outside of Brokerage Account)   |
| _____ | _____ | _____ | Life, Disability, Medical and Long Term Care Insurance Policy Statements  |
| _____ | _____ | _____ | Property and Casualty Insurance Policy Statements ( <i>Homeowner's, Renter's Automobile, Umbrella</i> )   |
| _____ | _____ | _____ | IRA Statements (Education, Rollover, Roth or Traditional)   |
| _____ | _____ | _____ | Employer Retirement Plan Statements ( <i>Deferred Comp, 401(k), Profit Sharing, 403(b), SEP, Simple IRA, Simple 401(k) or Defined Benefit Pension</i> ) |
| _____ | _____ | _____ | Mortgage Statements and Other Loan Statements ( <i>Home Equity, Automobile, Credit Card</i> )   |
| _____ | _____ | _____ | Tax Bill and Deed   |
| _____ | _____ | _____ | <i>Other Assets (Such as Real Estate or Business Holdings)</i>  |

# CLIENT INFORMATION

## Family Information

	Client	Spouse
Full Name		
Date of Birth		
Social Security Number		
Drivers License Number and Date of Expiration		
Address		
City/State/ZIP		
Home Phone Number		
Business Phone Number		
Cell Phone Number		
Fax Number		
Email Address		
Birthplace		
U.S. Citizen?		

Do you have any special medical/behavioral health concerns? \_\_\_\_\_

Do you anticipate any significant inheritances? \_\_\_\_\_

Do you anticipate the need to support any family member? \_\_\_\_\_

## Employment Information

	Client	Spouse
Employer		
Position		
Date of Hire		

## Dependents

Name of Child or Dependent	Dependent Of <i>(Client, Spouse, Both or Other)</i>	Date of Birth	Social Security Number	Gender	Grade in School

## Advisors

Advisory Type <i>(Accountant, etc.)</i>	Full Name	Address	Business #

## PERSONAL FOCUS AREAS

Using the list below, choose the five (5) that are most important to you and prioritize them with one (1) being the highest rank.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Comprehensive financial plan       | <input type="checkbox"/> Grow retirement savings           | <input type="checkbox"/> Increase retirement income     |
| <input type="checkbox"/> Provide college funds for children | <input type="checkbox"/> Life insurance review             | <input type="checkbox"/> Long-term care insurance       |
| <input type="checkbox"/> Reduce income tax                  | <input type="checkbox"/> Protect earned income if disabled | <input type="checkbox"/> Cash flow/debt management      |
| <input type="checkbox"/> Avoid probate costs and delays     | <input type="checkbox"/> Establish/Review estate plan      | <input type="checkbox"/> Portfolio review               |
| <input type="checkbox"/> Minimize estate taxes              | <input type="checkbox"/> Maximize inheritance assets       | <input type="checkbox"/> Home loan review               |
| <input type="checkbox"/> Discuss program of gifting         | <input type="checkbox"/> Stock option planning             | <input type="checkbox"/> Sell highly appreciated assets |

## ASSETS / LIABILITIES

### House / Property

	House/Property 1	House/Property 2	House/Property 3
Description			
Ownership			
Loan Start Date			
Original Loan Amount			
Interest Rate			
Loan Duration			
Payment ( <i>principal + interest</i> )			
Current Market Value of Property			
Outstanding Loan Balance			
Rental Income ( <i>if applicable</i> )			
Rental Expenses ( <i>if applicable</i> )			

### Other Liabilities (e.g. auto loans, credit cards, lines of credit)

	Liability 1	Liability 2	Liability 3	Liability 4	Liability 5
Description					
Ownership					
Loan Start Date					
Original Loan Amount					
Interest Rate					
Loan Duration					
Payment Amount					
Outstanding Loan Balance					

## ASSETS / LIABILITIES (cont.)

### Non-Qualified Assets (Non-retirement accounts)

Name	Ownership	Market Value	Cost Basis	Annual Contributions	Reinvest Interest and Dividends?
Checking					
Savings / MM / CDs					

### Qualified Assets (Retirement accounts, annuities)

Name	Ownership	Market Value	Annual Contributions	Annual Employer Contributions (if applicable)	Beneficiary	
					Primary	Contingent

### Personal Use Assets (e.g. Autos, homes, furnishings, jewelry, collectibles, etc.)

Name	Ownership	Market Value

Do you have an inventory list of your personal property? \_\_\_\_\_

## ASSETS / LIABILITIES (cont.)

### **Business Entities**

	Business Entity 1	Business Entity 2	Business Entity 3
Name			
Type <i>(LLC, Partnership, S Corporation, C Corporation)</i>			
Ownership			
Purchase Date			
Purchase Amount			
Market Value			
Liability			
Growth Rate			
Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No			

### **Employee Benefits Available**

	Client	Spouse
Group Medical <input type="checkbox"/> Yes <input type="checkbox"/> No		
Group Dental / Vision <input type="checkbox"/> Yes <input type="checkbox"/> No		
HSA / HRA / Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Group Life <input type="checkbox"/> Yes <input type="checkbox"/> No		
Group Long-Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Group Short-Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Benefits:		
PSP / 401(k) / 403(b) / 457 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Matching Contributions <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension Plan <input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Qualified Deferred Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stock Options <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		

### **Additional Notes:**

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## INCOME

	Annual:	Current	Retirement	Disability	Survivor
Client Gross Salary					
Spouse Gross Salary					
Bonus					
Client Self Employment					
Spouse Self Employment					
Client Social Social Security					
Spouse Social Security					
Pension					
Rental Income					
Investment Income					
Trust Income / Gifting					
<b>TOTAL INCOME</b>					

## EXPENSES

	Annual:	Current	Retirement	Disability	Survivor
<b>HOUSING</b>					
Rent <i>(List mortgage payment below under "Debts")</i>					
Home Repairs / Maintenance					
Cleaning / Yard					
Utilities <i>(gas/electric/cable/telephone/sewer/internet/water)</i>					
Furnishings					
<b>Sub Total Housing</b>					
<b>LIVING EXPENSES</b>					
Groceries					
Childcare					
Clothing					
Education					
Medical / Dental <i>(out of pocket costs - list insurance costs below)</i>					
<b>Sub Total Living Expenses</b>					
<b>DISCRETIONARY EXPENSES</b>					
Personal Care					
Club Dues					
Charitable Contributions					
Gifts					
Dining Out					
Pets					
Entertainment / Recreation					
Vacation					
<b>Sub Total Discretionary Expenses</b>					

## EXPENSES (cont.)

	Annual:	Current	Retirement	Disability	Survivor
<b>TRANSPORTATION</b>					
Auto Payment / Lease					
Auto Fuel					
Auto Repairs / Maintenance					
<b>Sub Total Transportation</b>					
<b>TAXES</b>					
Client FICA / SS / Medicare					
Spouse FICA / SS / Medicare					
Federal Income Taxes					
State and Local Income Taxes					
Property Taxes					
Auto Taxes					
<b>Sub Total Taxes</b>					
<b>INSURANCE</b>					
Health Insurances ( <i>Medical / Dental / Vision</i> )					
Life Insurance Premiums ( <i>Client / Spouse / Children</i> )					
Disability Insurance Premiums ( <i>Client / Spouse</i> )					
Long Term Care Insurance Premiums ( <i>Client / Spouse</i> )					
Homeowners Insurance Premiums					
Auto Insurance Premiums					
<b>Sub Total Insurance</b>					
<b>DEBT PAYMENTS</b>					
Mortgage Payments					
Car Payments (or Amortized Cost)					
Student Loan Payments					
Credit Card Payments					
Home Equity Loan Payments					
<b>Sub Total Debt Payments</b>					
<b>MISCELLANEOUS EXPENSES</b>					
General Recurring Capital Expense					
Client Other Pay Stub Expenses					
Spouse Other Pay Stub Expenses					
Other Expenses					
<b>Sub Total Miscellaneous Expenses</b>					
<b>TOTAL EXPENSES</b>					

## SAVINGS

	Annual:	Current	Retirement	Disability	Survivor
Client Retirement Savings ( <i>Employer Plan / IRA</i> )					
Spouse Retirement Savings ( <i>Employer Plan / IRA</i> )					
Other Savings ( <i>Systematic Non-Qualified Savings</i> )					
<b>TOTAL SAVINGS</b>					

## ACCUMULATION GOALS

If you were to grade yourself on how you've done financially, what letter grade ("A" is highest) would you give yourself and why? \_\_\_\_\_

\_\_\_\_\_

If we were to get back together in a few years and life was a realistic financial A+, what would that look like?

\_\_\_\_\_

\_\_\_\_\_

If money were no object, what in life would change? What would stay the same? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Education

Student	Start Age <i>(When student begins education)</i>	Years <i>(Number of years expense will be incurred)</i>	Annual Cost	Cost Increase (%)	Existing or Current Assets <i>(Assets used to fund this expense)</i>

### Major Purchases

Description <i>(e.g. wedding, down payment on home or automobile)</i>	Start Year	Years <i>(Number of years expense will be incurred)</i>	Amount Needed	Index Rate	Existing or Current Assets <i>(Assets used to fund this expense)</i>

# INSURANCE

## Life Insurance

	Policy 1	Policy 2	Policy 3
Company			
Type (e.g. term, universal)			
Effective Date			
Insured			
Policy Owner			
Beneficiary			
Contingent Beneficiary			
Death Benefit			
Premium			
Cash Surrender Value			
Loan			
Waiver of Premium <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Disability Insurance

	Policy 1	Policy 2	Policy 3
Description (group LTD, group STD, individual disability)			
Effective Date			
Insured			
Monthly Benefit			
Taxable (yes/no)			
Index Rate for Benefit Amount			
Elimination Period			
Benefit Period			
Premium			

## Long-Term Care Insurance

	Policy 1	Policy 2	Policy 3
Description			
Insured			
Daily Benefit			
Index for Inflation			
Waiting Period			
Benefit Period			
Premium			

# ESTATE PLANNING

## Will / Advance Directives

	Client	Spouse
Do you have a will?		
Do you have advance directives? ( <i>living will, health care power of attorney</i> )		
When were the will / advance directives last updated?		

Do you have a safety deposit box? \_\_\_\_\_

## Will / Trust Details

Family Member	Cash Bequests	Asset Bequests	Credit Shelter Trusts	Marital Trust	Living Trust	QTIP Trust	Other Testamentary Trusts
Client							
Spouse							

You named \_\_\_\_\_ as the potential legal guardian of your child(ren). What was it that attracted you to this person to raise your child(ren) in the event that you could not? \_\_\_\_\_

## Gifts: Current Strategies

	Gift 1	Gift 2	Gift 3	Gift 4	Gift 5
Description					
Gift Strategy ( <i>i.e. Cash Gift, Asset Gift</i> )					
Amount					
Applicable Period					
Beneficiary Name					

Have you given money to a particular charity in the past. What was it that prompted you to give to this charity? \_\_\_\_\_

Is it important to you to continue funding after death? \_\_\_\_\_

