

Abbreviated

Confidential Client

Fact Finder

OBJECTIVES

Identify Your Needs.

Expose Coverage Gaps.

Maximize Financial Security & Minimize Risk.

Craft a Customized Plan for You.

Enhance & Update Your Insurance Program.

Confidential Client Fact Finder

Proposed Insured:

Date: / /

First Name	Middle Name	Last Name	Male/Female
DOB	Age	Height	Weight
Do you use any form of tobacco? <input type="checkbox"/> NO <input type="checkbox"/> YES		What form? _____ When was the last date used? _____	
Resident address		City	State
Zip			
Daytime ()	Cell Phone ()	E-mail	
Current Employer	Type of Business	Job Duties	Length of Employment
Are you? (circle one)	Single	Married	Separated
Divorced	Widowed		

Spouse:

First Name	Middle Name	Last Name	Male/Female
DOB	Age	Height	Weight
Do they use any form of tobacco? <input type="checkbox"/> NO <input type="checkbox"/> YES		What type? _____ When was the last date used? _____	
Daytime ()	Cell Phone ()	E-mail	
Current Employer	Type of Business	Job Duties	Length of Employment

Other Household Dependents:

Do you have any children/dependents? <input type="checkbox"/> NO <input type="checkbox"/> YES , how many? _____		
Children/Grand Children Name	Date of Birth	Are they in school?
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Confidential Client Fact Finder

Financial Objectives:

1. Rate the following list from 1-9 dealing with the most important to you at this time. **1 being the most important 9 being the least important.**

Maximize Income _____

Reduce Risk _____

Reduce Taxes _____

Pass money to heirs _____

Pay off debt _____

Your retirement _____

Gift money to charity _____

Guard against inflation _____

Protect against catastrophic illness _____

2. Risk Tolerance: ☐ Conservative ☐ Moderately Conservative ☐ Moderate
☐ Moderately Aggressive ☐ Aggressive

3. Would you be willing to accept modest risk to gain income? YES _____ Somewhat _____ No _____

4. Are guarantees very important to you in your investments? YES _____ Somewhat _____ No _____

5. Would you have any issue with using principle to gain income if it reduced your net worth?
YES _____ Somewhat _____ No _____

6. Are you opposed to using insurance to help protect your independence and estate?
YES _____ Somewhat _____ No _____

7. Do you have 5-10 years to withstand a significant market downturn?
YES _____ Somewhat _____ No _____

8. How would you respond to the following statement? Protecting my portfolio from loss is more important to me than achieving high returns. _____

Notes:

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Financial Information:

1. Year you will OR did retire? _____ Spouse? _____

2. Annual gross income? (check one)

- ☐ \$0-\$29,000 ☐ \$30,000-\$49,999 ☐ \$50,000-\$74,000 ☐ \$75,000-\$99,999
☐ \$100,000-\$149,000 ☐ \$150,000-\$249,999 ☐ \$250,000-399,999 ☐ \$400,000 and over

3. **Current** source of monthly income?

Income from Employment \$ _____
Social security \$ _____
Pension & Annuities \$ _____
Interest and Dividends \$ _____
Real Estate \$ _____
Other \$ _____

3a. **Survivor** source of monthly income?

Income from Employment \$ _____
Social security \$ _____
Pension & Annuities \$ _____
Interest and Dividends \$ _____
Real Estate \$ _____
Other \$ _____

4. Do you have sufficient liquid assets available for emergencies and changes in your living expenses? ☐ No ☐ Yes

5. Are you anticipating any changes in income or expenses anytime soon? ☐ No ☐ Yes

If Yes, please explain _____

6. Cost of each child's annual tuition?

1. Name: _____	\$ _____	2. Name: _____	\$ _____
3. Name: _____	\$ _____	4. Name: _____	\$ _____

7. Money saved for children's college? \$ _____

8. Debt owed:

Auto _____	Credit card balance _____
Mortgage _____	Medical _____
Other _____	
Total debt:	\$ _____

9. Expenses incurred each month?

Auto _____	Credit card balance _____
Mortgage _____	Medical _____
Other _____	
Total Expenses:	\$ _____

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Existing Coverage & Financial Readiness

1. Existing Assets: Show the amount for each category.

Checking and Savings	\$ _____
Certificates of Deposit (CDs)	\$ _____
Mutual Funds	\$ _____
Stocks and Bonds	\$ _____
Money Market Accounts	\$ _____
Other	\$ _____

Fixed Annuities	\$ _____
Variable Annuities	\$ _____
Pension Plan	\$ _____
401k Plan	\$ _____
IRA	\$ _____
ROTH IRA	\$ _____

2. Existing Insurance: Show the amount for each category.

HEALTH INSURANCE

Client: Type _____ Premium: _____
Spouse: Type _____ Premium: _____
Notes: _____

FINAL EXPENSE

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

HOSPITAL INDEMNITY

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

LIFE INSURANCE

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

LONG TERM CARE

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

ACCELERATED "LIVING" BENEFITS

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

CHRONIC & CRITICAL ILLNESS

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

DENTAL VISION HEARING

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

DISABILITY

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

PRE-NEED & FUNERAL TRUST

Client: Benefit _____ Premium: _____
Spouse: Benefit _____ Premium: _____
Notes: _____

3. Do you have an existing will? No Yes, last date updated? ____/____/____

4. Do you have a living trust? No Yes, last date updated? ____/____/____

5. Do you have a Power of Attorney? No Yes, who? _____