

# Valued Client Fact Finder

Date \_\_\_\_\_

**CLIENT**

Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_

**SPOUSE**

Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Email \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Occupation \_\_\_\_\_

**NAMES OF CHILDREN**

**AGE**

**MARITAL STATUS**

**SITUATION** (previous marriage, adopted, etc.)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME**

**CLIENT**

**SPOUSE**

Annual Income	_____	_____
Anticipated Annual Increase	_____	_____
Percentage of Annual Income Saved	_____	_____
Number of Years of Expected Income	_____	_____
Annual Expenditures	_____	_____

**RECORD OF ASSETS**

	<b>OWNER</b>	<b>MARKET VALUE</b>	<b>LIABILITY</b>	<b>GROWTH RATE</b>	<b>BASIS</b>
Residence	_____	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____	_____
Securities	_____	_____	_____	_____	_____
Cash	_____	_____	_____	_____	_____
Auto(s)	_____	_____	_____	_____	_____
Household Goods	_____	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____	_____

**Owner:** J=Joint w/spouse, H=Husband, W=Wife, C=Community Property

**Community Property States:** Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin

**RETIREMENT PLANS**

**Types include:** pension or profit-sharing plans, including 401(k), HR10 plans, SEP plans, tax-sheltered annuities, individual retirement plans and deferred compensation programs. In community property states, retirement plans are assumed community property unless otherwise noted.

Plan Type	Participant	Current Value	Beneficiary	Yearly Contribution	Growth Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**EXISTING LIFE INSURANCE**

Insured	Owner	Beneficiary	Issuing Co.	Death Benefit	Surrender Value	Annual Premium
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* If the owner has borrowed against the policy’s cash value, reduce death benefits by the amount of the loan.

**LONG –TERM CARE INSURANCE**

Insured	Issuing Company	Daily Benefit	Benefit Period	Annual Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Riders/ Other Benefits** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Insured:** H=Husband, W=Wife, S=Survivor, O=Other  
**Beneficiary:** H=Husband, W=Wife, S=Survivor, O=Other  
**Owner:** H=Husband, W=Wife, T=Trust, O=Other

**TESTAMENTARY PLANS**

**Do you have a will?**      Yes      No      Date of Will \_\_\_\_\_

Type of will (obtain copy if possible)

Maximum Marital Deductions; Simple Will (All to survivor)  
 Unified Credit Will; Tax-Saving Will or Trust Plan. (Describe)

Have you used an irrevocable life insurance trust to exclude insurance proceeds from being taxed to your estate?      Yes      No

Do you have a living revocable trust?      Yes      No

Do you have long-term care insurance?      Yes      No

**Does your spouse have a will?**      Yes      No      Date of Will \_\_\_\_\_

Type of will (obtain copy if possible)

Maximum Marital Deductions; Simple Will (All to survivor)  
 Unified Credit Will; Tax-Saving Will or Trust Plan. Describe

Has your spouse used an irrevocable life insurance trust to exclude insurance proceeds from being taxed to your estate?      Yes      No

Does your spouse have a living revocable trust?      Yes      No

Does your spouse have long-term care insurance?      Yes      No

Have you utilized a gift-giving program to reduce the size of your gross estate?      Yes      No

Do you have a prenuptial agreement?      Yes      No

If yes, describe \_\_\_\_\_  
 \_\_\_\_\_

Are you active in any associations, charities or alumni organizations?      Yes      No

If yes, describe \_\_\_\_\_

**ESTATE PLANNING OBJECTIVES**

How would you like your estate to be distributed at your death, assuming you die first? \_\_\_\_\_  
 \_\_\_\_\_

How would your spouse like his/her estate to be distributed at death, assuming your spouse dies first? \_\_\_\_\_  
 \_\_\_\_\_

How much annual income will you need to retire? \_\_\_\_\_

What will be the source of that income? \_\_\_\_\_

Do you or your spouse plan to bequeath money/assets to a charity at death? If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS PLANNING OBJECTIVES**

**General**

Do you know what you could sell your business for today? Yes No  
 Estimated Value \_\_\_\_\_  
 Have you had your business valued within the last two years? Yes No

**Buy Sell**

Have you identified who will buy your business and for how much? Yes No  
 Do you have a buy-sell agreement? Yes No  
 If yes, is that buy-sell agreement based on a stated business value that has been reviewed in the last year? Yes No  
 Do you want to set up a buy-sell arrangement for your business? Yes No

*Please complete the following information:*

1. Business name: \_\_\_\_\_  
 a. Owner name(s): \_\_\_\_\_  
 b. What is the nature of your business? \_\_\_\_\_  
 c. Domicile state: \_\_\_\_\_

- |   |         |                     |        |             |
|---|---------|---------------------|--------|-------------|
| 2. Type of business entity  | C Corp  | Sole Proprietorship | S Corp | Partnership |
| 3. Total number of employees  | 1-9     | 10-50               | 51-200 | 201-500     |
| 4. Number of business owners  | 1       | 2                   | 3      | 4+          |
| 5. How many years has the business been operating?  | _____   |                     |        |             |
| 6. Annual growth rate:  | _____ % |                     |        |             |
| 7. Business tax rate (Enter owner's tax rate if business is taxed as a flow-through organization.): | _____ % |                     |        |             |
| 8. Do you have a buy-sell agreement?  | Yes     | No                  |        |             |

- |                                   |        |              |             |          |
|-----------------------------------|--------|--------------|-------------|----------|
| 9. To whom do you intend to sell: | Family | Key Employee | Third Party | Co-Owner |
|-----------------------------------|--------|--------------|-------------|----------|

10. Names, phone numbers and addresses of the following professional advisors:  
 Attorney: \_\_\_\_\_  
 Accountant: \_\_\_\_\_  
 Investment Advisor: \_\_\_\_\_  
 Trust Officer: \_\_\_\_\_

11. Please provide the following:  
 Three full years of income statements and balance sheets  
 Three full years of company tax returns

**OWNER / KEY EMPLOYEE CENSUS**

Name/Title	Date of Birth	Tobacco Status	Sex	Risk Class
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*If more than 3 names, please attach a spreadsheet or send electronically.*

**Instructions**

- A. Check each document/policy received for analysis.
- B. Indicated whether original (O) or copy (C).
- C. Agent should complete, sign, date and leave the receipt with the client.
- D. Have client sign and date, indicating that all documents have been returned.

**INSURANCE POLICIES**

Company	Policy Number	Company	Policy Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL DOCUMENTS**

- Your Will\* \_\_\_\_\_
- Spouse's Will\* \_\_\_\_\_
- Trust Agreements \_\_\_\_\_
- Deeds or Contracts \_\_\_\_\_
- Income Tax Returns (3 yrs) \_\_\_\_\_
- Gift Tax Returns \_\_\_\_\_
- Financial Statement\* \_\_\_\_\_
- Divorce Decree \_\_\_\_\_
- Pre or Postnuptial Agreement \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**BUSINESS DOCUMENTS**

- Income Tax Returns (3yrs) \_\_\_\_\_
- Stock Purchase Agreement \_\_\_\_\_
- Business Buy-Sell Agreement \_\_\_\_\_
- Employee Agreement \_\_\_\_\_
- Employee Benefits Booklet \_\_\_\_\_
- Pension or Profit-Sharing Plan \_\_\_\_\_
- Leases of Lessor or Lessee \_\_\_\_\_
- Other (specify) \_\_\_\_\_

*\*Minimum recommended documents*

**DOCUMENTS RECEIVED FOR ANALYSIS**

**Your documents will be returned on completion of analysis, or sooner, if requested.**

Agent \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

The policies and documents for which the above receipt was given have been returned to me.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Client's Signature \_\_\_\_\_ Date \_\_\_\_\_