



Confidential Factfinder

Prepared for: _____

Date: _____

Prepared by: _____

The Quintessential Experience in Financial Services

Contact Name: _____

Direct #: _____

Fax #: _____

Email: _____

Associates of The Quintessential Experience in Financial Services do not offer tax or legal advice. For advice concerning your own situation, please consult with your appropriate professional advisor. TC119027

Please complete the following questions to the best of your ability. This information is most helpful to us so that we may assist you in identifying your financial objectives and it will be held in the strictest confidence. We will review this information at our meeting.

PERSONAL INFORMATION

Name: _____ Spouse: _____

Address: _____

Email: _____ Email: _____

Birthday: _____ Birthday: _____

Best Phone #: _____ Best Phone #: _____

OCCUPATION:

Job Title: _____ Job Title: _____

Company Name: _____ Company Name: _____

Years of Service: _____ Years of Service: _____

Annual Income: \$ _____ Annual Income: \$ _____

Work Phone #: _____ Work Phone #: _____

CHILDREN:

Children of a present marriage. If divorced, include children of prior marriage if they are dependent on you. If so, then write a “P” next to the child’s name from previous marriage.

	<u>Name</u>	<u>Date of Birth</u>	<u>Phone #</u>
1			
2			
3			
4			
5			

ESTATE PLANNING:

1. Do you have a Will? _____
a. If yes, who did you choose as your executer and why? _____

2. Do you have a trust? _____
3. What are your current plans to distribute your estate? _____

YOUR TAX AND LEGAL ADVISORS:

CPA

Name: _____

Address: _____

Phone #: _____

ATTORNEY

Name: _____

Address: _____

Phone #: _____

INSURANCE:

Life Insurance

<u>Company</u>	<u>Type</u>	<u>Face Amt</u>	<u>Premium</u>	<u>Years Owned</u>	<u>Cash Value</u>

Disability Protection

<u>Company</u>	<u>Type</u>	<u>Monthly Amt</u>	<u>Premium</u>	<u>To Age</u>

Long Term Care

<u>Company</u>	<u>Daily B</u>	<u>Ben Per</u>	<u>Ben Pool</u>	<u>Wait Per</u>	<u>Premium</u>

Total Premiums (Monthly): _____

ASSESTS & LIABILITIES

ASSESTS

<u>Asset Type</u>	<u>Owner</u>	<u>Value</u>	<u>Contributions</u>	<u>Liability</u>	<u>Maturity</u>
Cash-Checking Savings:					
CD #1					
CD #2					
Qualified plan 1					
Qualified Plan 2					
Qualified Plan 3					
Bonds					
Annuity 1					
Annuity 2					
Brokerage Account #1					
Brokerage Account #2					
Primary Residence					
Other Real Estate					
Education Accounts					
Business Value					
Future Inheritance					
Total Assets					

LIABILITIES

<u>Liability Type</u>	<u>Freq.</u>	<u>Balance</u>	<u>% Rate</u>	<u>Years Left</u>	<u>Monthly Payment</u>
Mortgage (Primary)					
HELOC (Primary)					
Mortgage (Other R.E)					
401K Loans					
Student Loans					
Car Loans (non-lease)					
Credit Cards					
Business Loans					
One Time / Special					
Total Liabilities			Total Monthly Payments		

(Total Assets – Total Liabilities) = NET WORTH: _____

INCOME

Client				Spouse		
Income Type	Amount	Frequency	Recurring?	Amount	Frequency	Recurring?
Salary						
Bonus						
Pension						
IRA / Annuities						
Social Security						
Rental Property						
Business Income						
Trusts						
Total Client Income				Total Client & Spouse Income		

EXPENSES

Expense Type	Amount	Expense Type	Amount
Property Taxes		Child Care	
H.O. Insurance		Vacation	
Utilities (Gas, Electric, Triple Play, etc.)		Doctor / Dentist / Drugs	
Maintenance (Lawn care, repairs, etc.)		Charitable Contributions	
Gas		Life / DI / LTC Premiums	
Car Insurance		Tuition	
Lease Payment		Total Insurance Premiums (pg. 3)	
Business Expenses		Total Liability Payments (pg. 4)	
Food		Health Insurance	
Clothing		Other	
Entertainment		Total Expenses	

THOUGHT PROVOKING QUESTIONS

1. What do you want your life insurance to do for you? _____

2. At the conclusion of our meeting, what would you have wanted to accomplish? _____

3. Have you ever made a financial decision, hire any advisor, or purchase any investment that left you with a negative impression? _____

4. What are your expectations of me? _____

5. Have you thought about or concluded as to what type of income you need to sustain a worry-free retirement? _____

6. Do you understand how your assets are taxed upon qualifying events such as: sale, distribution, death, etc.? _____

7. Are you planning on making any major purchases now or in the future (vacation home, car, boat, business, etc.) that should be considered? _____

8. Have you begun saving for your children's college education? _____

9. Do you want your children to supplement any savings deficit with student loans that they will repay upon their graduation? _____

10. What type of legacy do you want to leave to your family and /or anyone else? _____

CASE NOTES

SOCIAL SECURITY INCOME TABLES AGES 62 – 70

Workers with maximum-table earnings

<u>Retire- ment in Jan</u>	<u>Monthly Benefits</u>											
	Retirement at age 62			Retirement at age 65			Retirement at age 66			Retirement at age 70		
	<u>AIME</u>	<u>INITIAL</u>	<u>IN 2019</u>									
2005	6137	1452	1881	5827	1874	2426	5574	1982	2566	4786	2252	2916
2006	6515	1530	1904	6058	1961	2440	5940	2108	2622	5072	2420	3011
2007	6852	1598	1924	6229	1998	2406	6177	2194	2642	5406	2672	3218
2008	7260	1682	1979	6479	2030	2390	3650	2212	2604	5733	2794	3289
2009	7685	1769	1968	6861	2172	2416	6606	2323	2585	6090	3054	3398
2010	7949	1820	2024	7189	2191	2438	6976	2346	2610	6450	3119	3470
2011	7928	1803	2006	7579	2249	2502	7299	2366	2632	6683	3193	3552
2012	8199	1855	1992	7973	2310	2481	7680	2513	2699	6852	3266	3507
2013	8539	1923	2030	8230	2414	2549	8074	2566	2675	7095	3350	3538
2014	8890	1992	2073	8229	2431	2530	8335	2642	2749	7452	3425	3563
2015	9066	2025	2071	8479	2452	2508	8314	2663	2725	7747	3501	3581
2016	9431	2102	2150	8782	2491	2549	8556	2639	2700	8090	3576	3658
2017	9784	2153	2197	9076	2542	2593	8843	2687	2741	8426	3538	3609
2018	9936	2158	2158	9243	2589	2589	9144	2788	2788	8649	3698	3698