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## **CONFIDENTIAL CLIENT DATA**

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**Client Name:**

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**Co-Client Name:**

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**Name(s) to appear on report:**

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**Advisor Name:**

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**Date (mm/dd/yy):**

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## Overview

This *Fact Finder* is designed to help you gather the required information for your client's customized financial plan. The questionnaire's easy-to-follow format will allow you to enter your client's required personal data and financial details. These items are necessary so you can create a complete and thorough picture of your client's *current* and *future* financial situation.

The following sources will provide you with most of this information:

- ☐ Tax returns
- ☐ Pension statement from employer
- ☐ All life insurance and disability insurance policies
- ☐ Latest statements from trust companies, brokers, investment companies, IRA's, and banks pertaining to investments
- ☐ Budget of personal and living expenses
- ☐ Latest mortgage and other loan statements
- ☐ Latest will and power of attorney

## Client Information

### Base Family

Marital Structure: \_\_\_\_\_  
(e.g. married, divorced, single)

Street: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Basic

CLIENT	CO-CLIENT
Given Name: _____	Given Name: _____
Gender: _____ Date of Birth: _____ (mm/dd/yy)	Gender: _____ Date of Birth: _____ (mm/dd/yy)
Social Security Number: _____	Social Security Number: _____
Employer: _____ Title: _____	Employer: _____ Title: _____

Name of Child or Dependant	Gender	Date of Birth

Do you plan to have additional children? \_\_\_\_\_

How do you feel about saving for your children's college education? \_\_\_\_\_

### Advisors

Attorney: \_\_\_\_\_

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

**Will / Trust Information**

Client:

Last updated on: \_\_\_\_\_

Do you have a will? Yes ☐ No ☐Do you have a living trust? Yes ☐ No ☐

Co-Client:

Last updated on: \_\_\_\_\_

Do you have a will? Yes ☐ No ☐Do you have a living trust? Yes ☐ No ☐

Location of Will / Trust: \_\_\_\_\_

**Additional Notes** Use this section to enter any other Client information that you feel would be relevant to your client's financial plan.

## Assumptions

**Tax**

Member	Filing Type (e.g. Married-Joint, Head of Household, Single)	Income Tax (Annual Amount)	Average Tax Rate (%)	Marginal Tax Rate (%)
Client				
Co-Client				

**Return Rates****Taxable and Non-Taxable Assets**Investment Objective: Aggressive ☐ Advanced ☐ Balanced ☐ Moderate ☐ Conservative ☐**Inflation**

(This rate will be used in all financial projections)

Average inflation rate for the last	Percentage
5 years	2.5
10 years	2.7
20 years	3.6
30 years	5.1
50 years	4.5

Projected Inflation: % \_\_\_\_\_

**Additional Notes** Use this section to enter any other Assumptions that you feel would be relevant to your client's financial plan.

# Incomes

CLIENT

CO-CLIENT

## Incomes

Annual Salary: \$ \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Is This Salary Indexed to Inflation? Yes ☐ No ☐Is This Salary Indexed to Inflation? Yes ☐ No ☐

Description	Owner (Client, Co-Client, Joint)	Annual Amount	Applicable Period (e.g. Jan. 1990 - Dec 2011)	Index to Inflation (Yes / No)
Self-Employed				
Misc. Dividend / Interest				
Tax-Free				
Royalty				
Alimony				
Defined Benefit				
Child Support				
Other				
Other				

## Defined Benefit Pensions

(Defined by the employer)

Owner (Client, Co-Client)	Expected Annual Pension \$	Owner's Age When Benefits Begin	Years of Service	Pension Formula (Contribution amount is entered under Tax Related Expenses)	Indexed to Inflation? (Yes / No)	Percentage Payable to Survivor

## Social Security

Owner (Client, Co-Client)	Eligible for Benefits? (Yes / No)	Benefits Start at Age	Start at Retirement? (Yes / No)	Years Worked to Date	Benefits Based on Average Annual Salary	Estimated Monthly Benefit (if not known, leave blank)

**Additional Notes** Use this section to enter any other Income information that you feel would be relevant to your client's financial plan.

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Description	Owner (Client, Co-Client, Joint)	Monthly Amount	Applicable Period (e.g. Jan. 15, 2000 - Jan 15, 2025)	Index to Inflation (Yes / No)
Housing & Utilities				
Child Care				
Transportation				
Food				
Clothing				
Furnishings				
Personal care & cash				
Medical/Dental/Rx				
Education/Self Improvement				
Debt/Installment Payments				
Entertainment				
Vacations and Holidays				
Charitable Contributions				
Reinvested interest and dividends				
Other				
Other				

Emergency reserves goal?

[illegible]

# Assets

## Lifestyle

**House & Mortgage** ..... (Non-income producing property only - income producing property is entered under Real Estate.)

### House

Description	Purchase Amount	Owner (Client, Co-Client, Joint)	Purchase Date	Current Market Value	Growth Rate	Community Property? (Yes / No)

**Mortgage** (Non-income producing property only - income producing property is entered under Real Estate.)

Description	Original Principal	Owner (Client, Co-Client, Joint)	Start Date	Interest Rate	Amortization (Years)	Payment Frequency (e.g., Weekly, Monthly)	Outstanding Principal Amount (if available)	Outstanding Principal Date	Insured (Life, Disability, both or none)

**Real Estate** ..... (Income producing property - use a separate sheet to enter additional information.)

Name	Owner (Client, Co-Client, Joint)	Purchase Date	Market Value	Cost Basis	Property Growth Rate	Rental Income (Monthly Amount)	Rental Expenses (Monthly Amount)	Annual Rental Growth Rate (Amount or %)

### Qualified

(Use a separate sheet to enter additional details)

Description (Name)	Owner (Client, Co-Client, Joint)	Type (e.g. IRA, Spousal IRA, Other)	Purchase Date	Market Value (As of the start of the year)	Cost Basis (As of the start of the year)	Return Rate	Linked To (Retirement Goal, Education Goal, Major Purchase Goal)

Name	Number of Options	Option Price	Grant Date	Vesting (e.g., Immediately, 50% after 1 year, 50% after 2 years)	Expiry (e.g., 10 years after granting)	Current Market Value Per Unit	Growth Rate

*(Use a separate sheet to enter additional details)*

[illegible]

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# Loans

## Loans

(Use a separate sheet to enter additional loans)

Description	Owner (Client, Co-Client, Joint)	Start Date	Interest Rate	Payment Type (e.g. Interest Only, PI)	Amortization (Years)	Payment Frequency (e.g. Weekly, Monthly)	Outstanding Principal Amount	Outstanding Principal Date	Insured (Yes / No)

**Additional Notes** Use this section to enter any other Loan information that you feel would be relevant to your client's financial plan.

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# Strategies (Current)

Use this section to tell us about any planning strategies that your client is currently applying (e.g. regular savings to an investment, additional payments towards a loan's principal, etc). Use a separate sheet to enter additional strategies.

## Savings

(Savings made on a regular, periodic basis)

Asset Name	Owner (Client, Co-Client)	Amount	Frequency (e.g. Monthly, Weekly)	Indexed to Inflation	When is this Transaction Applicable? (While Working, While Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

## Surplus Savings

(Savings put towards an asset using surplus cash at year-end)

Asset Name	Percentage of Surplus	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 2003)

Projections are based on assumptions that are believed to be reasonable. Actual results may vary, perhaps to a material degree.



**Debt Modification**

**Regular** (Any payments made directly toward the principal of an existing loan. These are over and above the required payments that are automatically defined for the loan.)

Liability Name	Amount	Frequency (e.g. Monthly, Weekly)	Index to Inflation	When is this Transaction Applicable? (While Working, While Retired, Both, Other - e.g. Jan. 1990 - Dec 2011)

**Lump Sum** (Payments made in one or more lump sums toward the principal of an existing loan. These are over and above the required payments that are automatically defined for the loan.)

Liability Name	Amount	Index to Inflation	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 2003)

**Additional Notes** Use this section to enter any Strategy information that you feel would be relevant to your client's financial plan.

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## Goals

**Milestones**

CLIENT	CO-CLIENT
Financial Independence Date: _____ Age / Date (mm/dd/yy)	Financial Independence Date: _____ Age / Date (mm/dd/yy)
Life Expectancy: _____ Age / Year	Life Expectancy: _____ Age / Year
Other: _____	Other: _____

**Retirement**

Desired Income (after tax): \$ \_\_\_\_\_ Indexed to Inflation? Yes ☐ No ☐

Savings Plan Start Date: \_\_\_\_\_ Indexed to Inflation? Yes ☐ No ☐

Link the Following Assets to this Goal: \_\_\_\_\_

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**Education**

Description (e.g. John's College Tuition)	Education Start Age	Yearly Education Costs	Education Costs Indexed to Inflation?	Savings Plan Start Age	Savings Plan Indexed to Inflation?
Goal 1					
Goal 2					
Goal 3					
Goal 4					

**Linked Assets:** *(Link the following assets to each goal as defined above)*

Goal 1: \_\_\_\_\_  
 Goal 2: \_\_\_\_\_  
 Goal 3: \_\_\_\_\_  
 Goal 4: \_\_\_\_\_

### Major Purchase

Description (e.g. Vacation)	Purchase Amount	Purchase Date	Purchase Indexed to Inflation?	Savings Plan Start Date	Savings Plan Indexed to Inflation?	Linked Assets (Assets that will be used to fund this goal)

**Additional Notes** Use this section to enter any Goal information that you feel would be relevant to your client's financial plan.

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## Insurance & Estate Planning

### Life Insurance

Calculate Life Insurance Required for: Client ☐ Co-Client ☐ Survivorship Needs ☐

Percentage of Retirement Goal to Cover: % \_\_\_\_\_ Percentage of Expenses to Cover: % \_\_\_\_\_

Additional Annual Incomes: \_\_\_\_\_  
*(e.g. salary amount resulting from return to workforce)*

Member	Lump Sum Needs	Needs Indexed to Inflation (Yes / No)	Additional Annual Expenses (e.g. Child Care)	Expenses Indexed to Inflation (Yes / No)
Client				
Co-Client				

Proceeds Earn: % \_\_\_\_\_

*(Typical return on asset)*

Projections are based on assumptions that are believed to be reasonable. Actual results may vary, perhaps to a material degree.

**Coverage Owned (Existing Life Policies)** (\* If the Death Benefits, Premiums or CSVs are not level, attach the appropriate schedules)

Type (e.g. Whole Life, Variable, Term)	Policy Name	Insured Member (e.g. Client, Co-Client, Joint 1st to Die, Other)	Beneficiary (e.g. Client, Co-Client, Joint 1st to Die, Other)	Premium Payer	* Death Benefit	* Premiums	* Cash Surrender Value

What do you want life insurance to do for you?

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How did you arrive at the life insurance you have?

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**Disability Insurance**

Calculate disability insurance required for: Client ☐ Co-Client ☐

Percentage of Retirement Goal to Cover: % \_\_\_\_\_ Percentage of Expenses to Cover: % \_\_\_\_\_

Member	Lump Sum Needs	Needs Indexed to Inflation (Yes / No)	Additional Annual Expenses (e.g. Nursing Care)	Expenses Indexed to Inflation (Yes / No)
Client				
Co-Client				

**Coverage Owned (Existing Disability Insurance Policies)**

Description (Group LTD, Group STD, Individual Disability)	Insured Member	Effective Date	Monthly Benefit	Taxable (Yes / No)	Monthly Premium	Waiting Period	Coverage Applies Until Age

**Long-term care**

Insurance Policy	Insured	Owner	Daily Benefit	Annual Premium	Elimination Period (Days)	Benefit Period (Years)

Will you be caring for elderly parents?

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**Estate Planning Setup**

Use this section to tell us about estate planning strategies of which the client is **already undertaking**, or which you will suggest as part of the financial plan. Use the back of this sheet to enter additional information.

**Estate Beneficiaries**

(Use this section to enter basic information about the beneficiaries of the estate.)

Beneficiary Name	Class (e.g. Heir/Charity/Other)	GSTT Applicable for Client (Yes / No)	GSTT Applicable for Co-Client (Yes / No)	50% Charity (Yes / No)

**General**

**Additional Fees and Taxes** (Use this section to enter any additional fees that may be calculated on the estate at disposition)

Additional State Death Tax Rate	Probate Fee Rate	Administration Fee Rate

**Historical Data**

(Use this section to enter information about historical estate taxes)

CLIENT		CO-CLIENT
Taxable Lifetime Gifts		
Gift Taxes Already Paid		
Lifetime GSTT Exemption Used		

**Existing Trusts**

**UCT Information (established trusts)** (Use this section to enter basic information regarding any Unified Credit Trusts that the client has established)

Trust Name (Unified Credit Trust)	Market Value	Cost Basis	Income to Spouse (%)	Income to Heirs (%)	Heirs Tax Rate	Additional Notes

**UCT Information (future trusts)** (Use this section to enter basic information regarding a Unified Credit Trust that will be created on first to die)

Trust Name (Unified Credit Trust)	Amount (Amount transferred or maximize exclusion)	Income to Spouse (%)	Income to Heirs (%)	Heirs Tax Rate	Additional Notes

**ILIT Information** (Use this section to enter basic information regarding any Irrevocable Life Insurance Trusts that the client has established)

Trust Name (Irrevocable Life Insurance Trust)	Insured	Premium Payer	Death Benefit	Current CSV	Beneficiaries	Additional Notes

**Gifting Growth & History***(Use this section to enter estate gifting information.)*

Beneficiary Name	Growth Rate (On property given to beneficiary)	Tax Rate on Growth	Prior Gifts from Client	Prior Gifts from Co-Client	Prior Payments from Trusts of Client	Prior Payments from Trusts of Co-Client

**Estate Expenses***(Use this section to enter information about expenses for the decedent)*

Owner	Expense Name	Amount	Index to Inflation (Yes / No)
Client			
Co-Client			
First to Die			
Second to Die			

**Additional Notes** *Use this section to enter any other Estate Planning information that you feel would be relevant to your client's financial plan.*


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## General interview questions

1) Of everything we discussed, what are your **two** most important planning issues?1.1) 

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1.2) 

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2) How much more could you save toward your financial priorities?

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3) With whom do you consult before making important financial decisions?

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