Client Overview



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

The following sources will provide us with most of t	his information:			
☐ Tax returns ☐ Pension statement from employer ☐ All life insurance and disability insurance poli ☐ Latest statements from trust companies, broker ☐ Budget of personal and living expenses ☐ Latest mortgage and other loan statements ☐ Latest will and power of attorney	cies s, investment companies, IRA			
	_	ring any of these items w cial planning process.	e will contact you	
CLIENT		CO-CLIEN	Γ	
Given Name:	Given Name:		·	
Gender: Date of Birth:		Date of Birth:		
(mm/d Social Security Number:	***	umber:	(mm/dd/yy)	
Employer: Title:		Title:		
Client Information				
Marital Structure:	Number of Dependants:			
(e.g. married, divorced, single)				
Street:	City:	Sta	te:	
Country: Zip Code:	Home Phone:			
E-mail:	Business Phone	Business Phone:		
Fax:				
Name of Child or Dependent	Gender	Date of Birth		
How do you feel about saving for your children's co	llege education?			
Advisors				
Attorney:				
Accountant:				
Financial Advisor:				
Power of Attorney:				
Other:				
Confidentiality Statement: All informate the client and will not be solo	tion obtain above will be used		ested by	