

# WEALTHVISION<sup>SM</sup>

## Fact Finder

Date: \_\_\_\_\_

### Client Information

Client Name:		DOB:	U.S. Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N
Spouse Name:		DOB:	U.S. Citizen: <input type="checkbox"/> Y <input type="checkbox"/> N
Address:		City, State, Zip:	
Home Phone:	Client Cell:	Spouse Cell:	
Fax:	Email:		

### Family Information

Children Name	DOB	Marital Status	U.S. Citizen
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
Grandchildren Name	DOB	Marital Status	U.S. Citizen
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
Spouse's Children Name	DOB	Marital Status	U.S. Citizen
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N

Salary/Bonus and Social Security						
	Annual Amount	Indexed At	Owner	Guaranteed	Starts	Ends
Salary/Bonus			<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N		
Salary/Bonus			<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N		
Social Security			<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N		
Social Security			<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N		

Current Estate Planning Documents									
	Simple Will	Family Trust	Annual Gifts	Irrevocable Life Insurance Trust	Family Limited Partnership	Charitable Lead Trust	Charitable Remainder Trust	Business Succession	Other
Client									
Spouse									

**Attorney/CPA Associates**

Do you have an estate planning attorney?  Yes  No

If yes, name and contact info: \_\_\_\_\_

Is your attorney a key decision-maker for you?  Yes  No

Would you like us to recommend someone?  Yes  No

Do you have a CPA?  Yes  No      Would you like us to recommend someone?  Yes  No

Is your CPA a key decision-maker for you?  Yes  No

If yes, name and contact info: \_\_\_\_\_

**Personal Questions**

Do you feel you have achieved financial security?  Yes  No

Do you have any potential inheritances?  Yes  No

Do you need to make any special financial provisions for any family member?  Yes  No

How would you like to pass your estate? \_\_\_\_\_

Do you plan to leave a portion of your estate to charity?  Yes  No

What are your plans to deal with estate taxes? \_\_\_\_\_

What do you think is your largest obstacle in achieving your goals? \_\_\_\_\_

Are you willing to invest effort/money if a plan would reduce/eliminate your taxes?  Yes  No

Financial risk tolerance?

- Aggressive Growth       Growth with Income       Income with Capital Preservation
- Growth       Income with Moderate Growth

## Expenses

Current	Semi-Retirement	Retirement	Advanced Years	Desired Income in the Event of Death
				Client's:                      Spouse's:

## Retirement Goals

Age of Client: \_\_\_\_\_

Age of Spouse: \_\_\_\_\_

Notes: \_\_\_\_\_

## Education Goals

Goal #1	Year/age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/percentage to fund: _____
Goal #2	Year/age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/percentage to fund: _____
Goal #3	Year/age education begins: _____ Length of goal: _____ How much will education cost (yearly): _____ How much/percentage to fund: _____

Notes: \_\_\_\_\_

## Major Purchase Goals

Type of Purchase: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_

Amount Required: \_\_\_\_\_

Notes: \_\_\_\_\_

Property			
Real Estate/Personal	Current Value	Tax Basis	Owner

Liability					
Mortgage/Loans	Institution Name	Current Balance	Monthly Payment	Interest Rate	Loan Term

Investments			
Type/Name Institution	Current Value	Tax Basis	Owner

Business Assets				
Business Name	Base Value	Tax Basis	Owner	Business Type

Retirement					
Type/Institution Name	Current Value	Owner	Beneficiary	Employee Contribution	Employer Contribution

Insurance		
	Policy #1	Policy #2
Policy Number		
Institution Name		
Purchase Date		
Policy Type		
Person Insured		
Owner		
Beneficiary		
Death Benefit		
Cash Value		
Cash Value Growth Rate		
Annual Premium		
Premium Term		
Premium Payer		
	Long-Term Care	Disability
Policy Number		
Institution Name		
Purchase Date		
Insured		
Benefit Amount		
Owner		
Annual Premium		
Premium Term		
Premium Payer		
Elimination Period		
Benefit Period		
COLA		

Does your insurance continue to fill a need?  Yes  No  
 Do you work closely with a life insurance agent?  Yes  No

To the extent you are receiving investment advice from a separately registered independent investment advisor, please note that LPL Financial is not an affiliate of and makes no representation with respect to such entity.