

Client Information

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

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.

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