COLLEGE FAMILY FACT FINDER

Name:

Email:

Assessment Date:

I. FAMILY PROFILE

CLIENT INFORMATION		SPOUSE INFORMATION	
First Name	Last Name	First Name	Last Name
DOB	Sex M ◯ F ◯	DOB	Sex M ◯ F ◯
Phone	Email Address	Phone	Email Address
Address	City	State	Zip
Child	DOB	Child	DOB

II. INCOME

CLIENT INFORMATION		SPOUSE INFORMATION	
Employer	Position	Employer	Position
Annual Salary (Gross) $	Bonus $	Annual Salary (Gross) $	Bonus $
Other Income $	Source	Other Income $	Source
Estimated Retirement Age	SSI Monthly at Full Retirement Age	Estimated Retirement Age	SSI Monthly at Full Retirement Age
Total Desired Retirement Income $	Expected Inflation %	Estimated Retirement Tax Bracket %	Estimated Current Monthly Expenses $

III. PROTECTED INCOME (Annuities, Corporate Benefit Plans, Pension, etc.)

Owner	Benefit Provider	Benefit Start Age	Benefit End Age	Survivor Benefit	Annual Benefit	COLA
				%	$	%
				%	$	%

IV. TAXABLE ACCOUNTS (CD's, Mutual Funds, Money Markets, Stocks, Bonds, Listed Securities, etc.)

Investment Type	Current Account Balance	Annual Contributions	Owner
	$	$	
	$	$	
	$	$	

V. TAX-DEFERRED ACCOUNTS (401k, IRA, SEP, etc.)

Investment Type	Current Account Balance	Annual Contributions	Owner
	$	$	
	$	$	
	$	$	

VI. TAX-FREE ACCOUNTS (Roth IRA, 529 Plans, etc.)

Investment Type	Current Account Balance	Annual Contributions	Owner
	$	$	
	$	$	
	$	$	

VII. TIME BASED NEEDS (How much will you spend and when will you spend it?)

How much would you like in an Emergency Fund?	$
How much do you plan on spending in the next 1-4 years?	$
How much can we set aside for long-term growth (4+ years)?	$

VIII. LIFE INSURANCE

Name Insured	Company	Type	Face Amount	Year of Purchase	Annual Contribution	Current Cash Value	Outstanding Loans
			$		$	$	$
			$		$	$	$

IX. PROPERTY AND MORTGAGE

	Residence Type	Monthly Payment	Current Home Value	Mortgage Balance	Interest Rate
Primary Residence		$	$	$	%
Other Property		$	$	$	%

X. CURRENT LIABILITIES (Auto, Personal Loans, College Loans, Credit Card Debt, etc.)

Owner	Liability	Balance	Monthly Payment	Interest
		$	$	%
		$	$	%

XI. FINANCIAL PRODUCT KNOWLEDGE (Please list: N=None: 0 years, L=Limited: 1-3 years, G=Good: 3-5 years, or E=Extensive: 5+ years)

____ Stocks	____ Limited Partnerships	____ Annuities
____ Bonds	____ Options	____ Alternative Investments
____ Mutual Funds	____ ETFs	____ Insurance

XII. INVESTMENT PREFERENCES (Select top 4)

☐ Diversified Investment Approach	☐ Long-Term Growth	☐ Income	☐ Liquidity
☐ Protection Against Market Losses	☐ Leaving a Legacy	☐ Performance	☐ Risk Management

XIII. Risk Tolerance

- ☐ I can't accept any loss of principal
- ☐ Low, I am able to accept only modest losses during difficult phases in a market cycle
- ☐ Moderate, I am able to accept only a few quarters of negative returns during difficult phases in a market cycle
- ☐ High, I am able to accept negative annual returns during difficult phases in a market cycle

XIV. GOALS

What are the most important financial goals that you would like to accomplish? Please prioritize.

1. _____
2. _____
3. _____

XV. NOTES

_____

_____

_____

_____

_____

XVI. ADDITIONAL COMMENTS

Will there be any other advisors involved in the decision making process (CPA, Attorney, etc.)?

_____

XVII. SIGNATURES

Client Name	Client Signature	Date
Joint Account Holder Name (If Applicable)	Joint Account Holder Signature	Date
Advisor Name	Advisor Signature	Date

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