



404-720-3196 404-393-5345  
10 Glenlake Parkway Suite 130  
Atlanta, Ga 30328  
A.tate@yourwealthconsultants.com

## FACT FINDING DATA SHEET

### CLIENT NAME:

Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### CO-CLIENT NAME:

Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### AREAS OF FINANCIAL CONCERN:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cash Flow & Budgeting | <input type="checkbox"/> College Planning    | <input type="checkbox"/> Investment Advice |
| <input type="checkbox"/> Tax Planning          | <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Estate Planning   |
| <input type="checkbox"/> Insurance Review      | <input type="checkbox"/> Other _____         |  |

### WHAT YOU EXPECT TO ACCOMPLISH THROUGH FINANCIAL PLANNING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MAJOR DISCRETIONARY EXPENDITURES (NEXT THREE YEARS:)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Soc. Sec. No.: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers License # \_\_\_\_\_

Exp Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Wedding Anniv.: \_\_\_\_\_

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

Soc. Sec. No.: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers License # \_\_\_\_\_

Exp Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_

## CHILDREN SHEET

Please list your children in birth order

**CHILD(1):** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status (*check one*)  Married  Single  Separated  Divorced  
Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
Any special issues relating to this child or his/her children? Yes/No If yes, briefly describe:

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**CHILD(2):** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status (*check one*)  Married  Single  Separated  Divorced  
Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
Any special issues relating to this child or his/her children? Yes/No If yes, briefly describe:

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**CHILD(3):** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status (*check one*)  Married  Single  Separated  Divorced  
Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
Any special issues relating to this child or his/her children? Yes/No If yes, briefly describe:

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**CHILD(4):** Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status (*check one*)  Married  Single  Separated  Divorced  
Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
Any special issues relating to this child or his/her children? Yes/No If yes, briefly describe:

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## ADDITIONAL INFORMATION SHEET

Do you have any deceased children? \_\_\_\_\_

Are any of your children adopted? \_\_\_\_\_

Were you or your spouse married before? \_\_\_\_\_

Please provide details of marriage termination(s) on a separate sheet of paper.

Were there any children born of these prior marriage(s)? Please provide details.

Have you and your spouse entered into a prenuptial agreement? \_\_\_\_\_

Do you have any children by other persons? \_\_\_\_\_

Is anyone dependent on you for support other than children listed? \_\_\_\_\_

Do you support your parents financially? \_\_\_\_\_

Do you or your spouse have any risky hobbies? \_\_\_\_\_

### Health Status (Discuss potential problem areas):

Client \_\_\_\_\_

Co-Client \_\_\_\_\_

Child (1) \_\_\_\_\_

Child (2) \_\_\_\_\_

Child (3) \_\_\_\_\_

Child (4) \_\_\_\_\_

### Professional Relationships:

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

Tel: \_\_\_\_\_

Do you consider your relationship with this professional "**close**" or "**distant**"? (Circle one)  
Would you like to retain this professional?  
**Retain** or **Doesn't Matter** (Circle one)

**Insurance Agent:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Do you consider your relationship with this professional "**close**" or "**distant**"? (Circle one)  
Would you like to retain this professional?  
**Retain** or **Doesn't Matter** (Circle one)

**Tax Preparer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Do you consider your relationship with this professional "**close**" or "**distant**"? (Circle one)  
Would you like to retain this professional?  
**Retain** or **Doesn't Matter** (Circle one)

**Investment Counselor:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Do you consider your relationship with this professional "**close**" or "**distant**"? (Circle one)  
Would you like to retain this professional?  
**Retain** or **Doesn't Matter** (Circle one)

## INVESTMENTS AND INCOME SHEET

How active do you want to be in managing your investments? \_\_\_\_\_

What investments would you not consider in attaining your financial objectives?

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To what degree would you alter your current lifestyle to attain your financial objectives?

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Investment Risk Tolerance: \_\_\_ Low \_\_\_ Low-to-Moderate \_\_\_ Moderate \_\_\_ Moderate-to-High \_\_\_ High

Describe your retirement plan(s) at work: \_\_\_\_\_

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### PROJECTED INCOME

### FINANCIAL CONCERNS

1 = Very Low 10 = Very High

	Current Year	Next Year	The Following Year
CLIENT	_____	_____	_____
CO-CLIENT	_____	_____	_____

___ Inflation	___ Liquidity
___ Income	___ Safety
___ Taxes	___ Family Benefit

### CLOSELY-HELD BUSINESS

Briefly describe your ownership interest in any businesses.

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What is the business form: \_\_\_ C Corp \_\_\_ Sub S Corp. \_\_\_ Partnership \_\_\_ Proprietorship

Discuss involvement of other significant owners, partners, etc.

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Is there a Buy-Sell Agreement in place? \_\_\_ Yes \_\_\_ No

With which bank(s) do you do business? \_\_\_\_\_

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Please provide a recent financial statement for each business in which you or your spouse is involved.

# ESTATE PLANNING SHEET

**CLIENT**

**CO-CLIENT**

Year

Year

Will

Revocable Trust

Durable Power of Attorney

Living Will

Durable Power of Attorney for Health Care

*(Health Care Proxy)*

Who are the executors and alternate executors in your wills?

Primary

Alternates

CLIENT

CO-CLIENT

Who will be the guardians of your children if both parents are deceased?

Primary

Alternates

CLIENT

CO-CLIENT

Special will provisions?

Who would you like to benefit upon your death? Include details of secondary and tertiary beneficiaries.

Do you expect to benefit any charities upon your death?

Do you have a safe deposit box?  No  Yes

Location:

# NET WORTH STATEMENT

## ASSETS

### LIQUID ASSETS (Cash or Cash Equivalents)

Checking	_____
Checking	_____
Savings	_____
Savings	_____
US Savings Bonds	_____
Life Insurance Cash Value	_____
_____	_____
_____	_____
	Total Liquid Assets _____

### INVESTED ASSETS (Non-retirement Stocks, Bonds, Mutual Funds)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total Invested Assets _____

### TAX-DEFERRED ASSETS (Retirement Assets)

401(k)	_____
401(k)	_____
403(b) TSA	_____
403(b) TSA	_____
IRA	_____
IRA	_____
IRA	_____
IRA	_____
Annuity Co. _____	_____
Annuity Co. _____	_____
	Total Tax-Deferred Assets _____

### PERSONAL USE ASSETS

Principal Residence (Market Value)	_____
Automobile: Year/Model _____	_____
Automobile: Year/Model _____	_____
Furniture, Personal Possessions, Jewelry, Antiques	_____
_____	_____
	Total Personal Assets _____

**Total Assets** \_\_\_\_\_

Please complete Liabilities section on back

**LIABILITIES AND NET WORTH**

**LIABILITIES**

Mortgage - Principal Residence (Remaining Balance)	_____
Home Equity Loan (Current Balance)	_____
Mortgage - Second Home (Remaining Balance)	_____
Auto Loan (Approximate Current Balance)	_____
Auto Loan (Approximate Current Balance)	_____
Boat Loan (Approximate Current Balance)	_____
Student Loan (Approximate Current Balance)	_____
Student Loan (Approximate Current Balance)	_____
Personal Loan (Approximate Current Balance)	_____
Personal Loan (Approximate Current Balance)	_____
Credit Card Balance (if not paid in full monthly)	_____
Credit Card Balance (if not paid in full monthly)	_____
_____	_____
_____	_____

**Total Liabilities** \_\_\_\_\_

**NET WORTH (Total Assets - Total Liabilities)** \_\_\_\_\_

## GOALS & OBJECTIVES WORKSHEET

**DEFINITIONS:**

- Goals: Goals are broad aims that do not have dollar amounts or dates associated with them. For example, buying a home or retiring comfortably.
- Objectives: Objectives are specific aims that have dollar amounts and a target date. For example, accumulating \$25,000 for a down payment on a home by September 2010.
- Weight: The weighting that you assign to a Goal/Objective reflects its importance to you. The sum of all weights must add to 100.

**YOUR GOALS & OBJECTIVES:**

Goal	Objective & Dollar Amount by Specific Date	Weight
<b>TOTAL =</b>		<b>100</b>