

# Preliminary Fact Finder



FA: Todd M Harris	Firm: Houston Capital Partners	Date:
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Client Name:	DOB:	US Citizen: Y N
Spouse Name:	DOB:	US Citizen: Y N
Address:	City, State, Zip:	
Home Phone:	Fax:	E-mail:
Client Cell Phone:	Spouse Cell Phone:	

## Family Data:

Child's Name	DOB	Marital Status	US Citizen	Child's Name	DOB	Marital Status	US Citizen
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N
Grandchildren				Grandchildren			
		S M Sep Div	Y N			S M Sep Div	Y N
		S M Sep Div	Y N			S M Sep Div	Y N

## Property:

Real Estate/ Personal	Current Value	Tax Basis	Pre-Retire Gross Growth	Post-Retire Gross Growth	Owner
Home					
2 <sup>nd</sup> /Vacation home					
Rental Prop. #1					
Rental Prop. #2					
Other					

## Taxable Investment Accounts: (Checking, Savings, CD's, Brokerage, Stocks, Bonds, Mutual Funds)

Type/Institution Name	Current Value	Regular Contributions	Pre-Retire Gross Growth	Post-Retire Gross Growth	Owner

## Qualified Retirement Accounts: (401k, 403b, IRA, SEP, 529, Defined Benefit Plans, Pensions)

Type/ Institution Name	Current Value	Pre-Retire Gross Growth Rate	Post-Retire Gross Growth Rate	Owner	Beneficiary	Employee Contribution	Employer Contribution

Projections are based on assumptions provided by the advisor/representative, and are not guaranteed. Actual results will vary, perhaps to a significant degree. The projected reports are hypothetical in nature and for illustrative purposes only. Consult your tax and/or legal advisor before implementing any tax or legal strategies.  
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**Insurance:**

	Life 1	Life 2		Disability	Long Term Care
Policy Number			Policy Number		
Insurance Co. Name			Institution Name		
Purchase Date			Purchase Date		
Policy Type (term, perm)			Insured		
Person Insured			Benefit Amount		
Owner			Owner		
Beneficiary			Annual Premium		
Death Benefit			Premium Term		
Cash Value			Premium Payer		
Cash Value Growth Rate			Elimination Period		
Annual Premium			Benefit Period		
Premium Term			COLA		
Premium Payer					
Reinvested At					
Does your Insurance continue to fill a need?					
Do you work closely with a life insurance agent?					

**Other Insurance Coverages:**

Asset	Annual Premium	Liability Limits	Deductible	Un/Under-Insured	Company
Home					
Vehicle 1					
Vehicle 2					
Vehicle 3					
Umbrella					

**Salary/Bonus and Social Security:**

	Annual Amount	Starts	Ends
Client Salary/Bonus			
Spouse Salary/Bonus			
Other Income			
Social Security			

**Liabilities (including student loans, credit cards, credit lines, etc.):**

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

**Estimated Annual Expenses (if not filling out budget worksheet):**

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

**Current Estate Plans:**

	Simple Will	RLT	Funded	Gifts	ILIT	FLP	CLT	CRT	Bus. Succession	Other
Client										
Spouse										

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**Business Assets:**

Business Name	Base Value	Tax Basis	Pre-Retire Gross Growth	Post-Retire Gross Growth	Owner	Business Type

**Attorney/CPA Questions:**

Do you have an Estate Planning Attorney? Y N	Would you like us to recommend someone? Y N
Is your Attorney a key decision maker for you? Y N	Is your CPA a key decision maker for you? Y N

**Personal Questions:**

Do you feel you have achieved financial security through retirement? Y N
Do you have any potential inheritances? Y N
How would you like to pass your estate?
Do you plan to leave any portion of your estate to charity? Y N
Do you need to make any special financial provisions for any member of your family? Y N Who?
What are your plans to deal with Estate Taxes?
What is your largest obstacle in achieving your goals?
Are you willing to invest effort/money, if plan serves to reduce/eliminate tax? Y N
Financial Risk Tolerance: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive

**Specific Issues or Items of Concern:**

Client: \_\_\_\_\_

	<u>Monthly</u>	- or -	<u>Yearly</u>
Housing			
Mortgage P&I or Rent	_____		_____
Utilities (Phone, Cable, Electricity, Gas)	_____		_____
Childcare	_____		_____
Transportation			
Auto P&I or Lease	_____		_____
Fuel	_____		_____
Maintenance	_____		_____
Food & Beverage			
Dining Out	_____		_____
Grocery	_____		_____
Insurance			
Homeowner	_____		_____
Auto	_____		_____
Other	_____		_____
Taxes (non-Income taxes)			
Property	_____		_____
Other	_____		_____
Clothing	_____		_____
Furnishings	_____		_____
Personal Care & Misc. Cash	_____		_____
Medical/Dental/Rx	_____		_____
Education/Self Improvement	_____		_____
Debt Payments			
Existing Credit Card	_____		_____
Student Loan	_____		_____
Other	_____		_____
Entertainment			
Club dues	_____		_____
Recreation	_____		_____
Vacations & Holidays	_____		_____
Other	_____		_____
Charitable Contributions	_____		_____
Other	_____		_____
Totals	_____ - _____		_____ - _____

# Important Documents List

**\*\*Please provide all that apply\*\***

- \_\_\_ A Copy of Last year's Tax Return
- \_\_\_ Please provide us with two consecutive pay stubs for you and your spouse
- \_\_\_ Most recent Social Security statements
- \_\_\_ All checking / Savings / Credit Union / Money Market Account Statements
- \_\_\_ Current statement on all Certificate of Deposits (CDs)
- \_\_\_ The most recent statement from any IRA, Fixed or Variable Annuity or Old Retirement Plan
- \_\_\_ The most recent statement from any Current Retirement Programs.
- \_\_\_ The most recent statements from any other investments accounts you have (stocks, bonds, mutual funds, stock option programs)
- \_\_\_ Mortgage / Property Information. Specifically do you have a mortgage and if so what is the current payment, market value, interest rate, length of loan, amount owed?
- \_\_\_ Current Statement for ALL Debts including student loans, automobiles and credit cards, etc.
- \_\_\_ Auto insurance declaration page
- \_\_\_ Home owner's declaration page
- \_\_\_ Umbrella policies - liability, both personal and business
- \_\_\_ All personal / group disability policies in force
- \_\_\_ Hospitalization and major medical policies
- \_\_\_ A copy of any Long Term Care Insurance
- \_\_\_ A current statement or a copy of any Life Insurance on everyone in your household
- \_\_\_ A copy of any Wills or Trust you have established
- \_\_\_ A copy of your group benefits package.