

# together planning

FINANCIAL PLANNING | INVESTMENT MANAGEMENT

Thank you for completing this fact finder to begin the financial planning process. Any information that you can provide will be very helpful. If you don't know the answer, or the section does not apply to you, please skip it. There is a list of documents on page 7. Please provide as many of those as you can.

Where we ask you to rate something 1-10, please use 10 as the high value / most important.

## Personal Information

	Client	Co-Client
Full name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	____/____/____	____/____/____
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email address	_____	_____
Employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment income	\$ _____	\$ _____
Other pre-retirement income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____

**Enter children or any other person whom you will give a Gift, designate as a Beneficiary, or assign ownership of an insurance policy.**

Name	Date of Birth	Relationship
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____/____/____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

## Retirement Goal

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Age you would like to retire: \_\_\_\_\_

Client

Co-Client

### Do you consider yourself to be in good health?

Client:  Yes  No Co-Client:  Yes  No

### Is there longevity in your family?

Client:  Yes  No Co-Client:  Yes  No

### Retirement Living Expenses:

Approximately how much income will you need per month when:

One of you is retired and one is still working: \_\_\_\_\_

Both of you are retired: \_\_\_\_\_

One of you is retired and the other is deceased: \_\_\_\_\_

Will you change states in retirement?  No  Yes

State where you will move: \_\_\_\_\_

When Will You Move?  Client's Retirement  Co-Client's Retirement OR Year \_\_\_\_\_

## College Goal: Please submit statements for any 529 Plans or prepaid tuition.

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How important is it that you are able to pay for college for your child(ren)? 1-10: \_\_\_\_\_

How many years of college / graduate school do you plan to pay for each child? \_\_\_\_\_

If you know that one or more of your children has a specific college in mind, please list it here. Otherwise, please choose option A or B below for estimating costs:

Preferred method for estimating college costs: (choose A or B)

A. My cost estimate: \$\_\_\_\_\_ (Annual Cost)

B. Use an average cost:

Public In-State (4-year) - \$20,339

Public Out-Of-State (4-year) - \$32,329

Public In-State (2-year) - \$14,637

Public Out-Of-State (4-year) - \$22,912

Private (4-year) - \$40,476

Average All - \$26,832

Have you prepaid for college using a 529 Prepaid Tuition Plan?  No  Yes

How many years of tuition and fees will be covered for this college? \_\_\_\_\_

## Other Financial Goals *(Major Purchases, Weddings, Travel, New Home, etc.)*

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Are there major expenses that you anticipate using your investment assets to fund? Some examples include purchases such as vehicles or new homes, weddings, travel, starting a business. Please estimate an amount and a year for each item and indicate how important it is to you.

Goal	Year	Amount	How Important? 1-10	Recurring? y/n

## Pensions

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Whose pension:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Amount of benefit *(estimate of pre-tax future value)*: \$\_\_\_\_\_ per  Month  Year

Will this amount inflate?  No  Yes

Survivor benefit: \_\_\_\_\_%

Whose pension:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Amount of benefit *(estimate of pre-tax future value)*: \$\_\_\_\_\_ per  Month  Year

Will this amount inflate?  No  Yes

Survivor benefit: \_\_\_\_\_%

## Plans for Part-Time Employment During Retirement

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Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Number of years: \_\_\_\_\_

Income amount (*pre-tax, today's dollars*): \$ \_\_\_\_\_ per  Month  Year

Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Number of years: \_\_\_\_\_

Income amount (*pre-tax, today's dollars*): \$ \_\_\_\_\_ per  Month  Year

## Rental Property Income

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Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Do you intend to sell this property in the future?  No  Yes If yes, what year? \_\_\_\_\_

Amount of net rental income (*pre-tax rental income less expenses*): \$ \_\_\_\_\_  Month  Year

Will this amount inflate?  No  Yes

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Whose income:  Client  Co-Client

Description: \_\_\_\_\_

Income begins:  Client's Retirement  Co-Client's Retirement  Receiving Now  Year \_\_\_\_\_

Do you intend to sell this property in the future?  No  Yes If yes, what year? \_\_\_\_\_

Amount of net rental income (*pre-tax rental income less expenses*): \$ \_\_\_\_\_  Month  Year

Will this amount inflate?  No  Yes

## Investment Accounts

Please provide a summary here of your investment accounts and **please submit a current statement for each account.** This should include all employer-sponsored plans such as 401(k) and 403 (b) as well as any IRAs, Roth IRAs, 529 or other college savings accounts, and cash accounts.

Account Description	Whose account is it? (client / co-client / joint)	Where is the account held? (institution name)	Approximate current balance	Amount of annual additions	Amount of annual additions by employer
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

1. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is the above and beyond the total additions you are already making to investment assets.

\$ \_\_\_\_\_

2. How willing are you to save more money?

Slightly Willing     
  Somewhat Willing     
  Very Willing

## Personal and Business Assets

*(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)*

Description	Who owns it?	Estimated value	Date of potential future sale	Range of potential values at sale date
		\$		\$
		\$		\$
		\$		\$
		\$		\$

**Life Insurance Policies: Please submit copies of first 4 pages from each policy.**

	Policy date	Policy number	Premium	Death Benefit	Cash Value
Owner: Insured: Group policy? Y / N			\$ per	\$	\$
Owner: Insured: Group policy? Y / N			\$ per	\$	\$
Owner: Insured: Group policy? Y / N			\$ per	\$	\$
Owner: Insured: Group policy? Y / N			\$ per	\$	\$

**Disabilities Insurance Policies: Please submit copies of first 4 pages from each policy.**

	Client	Co-Client
<b>Do you have a group policy through work?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Do you have an individual policy?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If yes, who is the carrier?</b>		

**Long Term Care Insurance: Please submit copies of first 4 pages from each policy.**

**Do you have long term care insurance?**

**Client:**  No  Yes    **Co-Client:**  No  Yes

**Liabilities: Please submit a current statement from each**

*(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)*

Description	Original balance	Current Balance	Interest Rate	Date loan began	Maturity Date
	\$	\$	%		
	\$	\$	%		
	\$	\$	%		
	\$	\$	%		
	\$	\$	%		

## Estate Documents: Please submit a copy of each document

	Client	Co-Client
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Living Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Date Last Reviewed:

## Summary of the documents that have been requested above:

1. Recent tax return.
2. Social Security statements for each of you. These can be downloaded by registering at [www.ssa.gov](http://www.ssa.gov)
3. Statements from any pensions that you have.
4. Statements from all investment asset accounts, including employer-sponsored plans, IRAs, Roth IRAs, taxable investment accounts, cash savings accounts, 529 plans, cash value life insurance, and annuities.
5. Statements for any liabilities that you have.
6. Group benefit information from your employer, specifically your group life, disability, or long-term care insurance if you have any available to you through work).
7. Individual life, disability, or long term care insurance policies that you own (the first three or four pages of the policy is all we need for now).
8. Completed budget (a template is on the pages that follow), or a rough estimate of your monthly expenses.
9. Any estate planning documents that you have prepared, such as your will, living will, power of attorney, and trust documents for any trusts you have established.

The following three pages will help you identify your monthly spending levels on various typical expenses. These pages are optional. If you prefer, you can give us a rough estimate. Subtract your regular monthly savings from your take-home pay and the difference is your monthly expense estimate.

Rough total of monthly expenses: \$ \_\_\_\_\_

It is helpful to know if any of your monthly expenses will end at a set date (such as childcare costs and tuition).

## Budget – Optional

### Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Co-Client		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

### Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Co-Client		
Life for Client		
Life for Co-Client		
LTC for Client		
LTC for Co-Client		
Medical for Client		
Medical for Co-Client		
Umbrella Liability		
Other		

### Taxes

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Co-Client FICA		
Co-Client Medicare		
Federal Income		
State Income		
Local Income		
Other		

### Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

## Budget – Optional

### Home Expenses

Description: \_\_\_\_\_

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

### Vehicle Expenses

Description: \_\_\_\_\_

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

### Vehicle Expenses

Description: \_\_\_\_\_

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

## Budget – Optional

### Home Expenses

Description: \_\_\_\_\_

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

### Vehicle Expenses

Description: \_\_\_\_\_

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

### Vehicle Expenses

Description: \_\_\_\_\_

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		