



Fact Finder

Confidential

Personal Information

Please fill out form as completely as possible. Complete disclosure enables us to better make proper recommendations.

Name: _____ Date: _____

Address: _____

Phone (circle preferred): Home: _____ Work: _____ Cell: _____

Job Title: _____ Fax: _____

Employer Name: _____

Employer Address: _____

Date of Birth _____ Age: _____ Marital Status: _____

Preferred Email Address: _____

Number of Children: _____ Children's Ages: _____

Spouse's Information:

Name: _____ Date: _____

Phone (circle preferred): Home: _____ Work: _____ Cell: _____

Job Title: _____ Fax: _____

Employer Name: _____

Employer Address: _____

Date of Birth _____ Age: _____ Marital Status: _____

Preferred Email Address: _____

Retirement Strategies

How Concerned are you about:

Check the Appropriate Box

	High	Low
Knowing how much income, in today's dollars, you will need upon retirement?.....	<input type="checkbox"/>	<input type="checkbox"/>
Knowing how much income your current plan will provide upon retirement?.....	<input type="checkbox"/>	<input type="checkbox"/>
Having a systematic program for savings and investments?.....	<input type="checkbox"/>	<input type="checkbox"/>
Accumulating retirement funds without paying current taxes on any growth?.....	<input type="checkbox"/>	<input type="checkbox"/>
Reducing current taxation on a portion of your retirement income?	<input type="checkbox"/>	<input type="checkbox"/>
Your savings and investments maintaining their buying power?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Does your employer provide a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Does your spouse's employer provide a retirement plan?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with your asset diversification?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you confirmed your Social Security earnings and benefits in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
At what age would you like to retire? _____ Spouse? _____		
In current dollars, what amount will you need monthly? _____ Spouse? _____		



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Accumulation Strategies

Check the Appropriate Box

How concerned are you about:

- | | High | Low |
|--|--------------------------|--------------------------|
| Providing funds for your children's college education? | <input type="checkbox"/> | <input type="checkbox"/> |
| Saving for a new or second home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Saving money for a special vacation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Saving money for a special project or purchase?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Saving money to buy a business or practice? | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

Do you know how much money you will need for your accumulation goals? \$

Income Protection Strategies

Check the Appropriate Box

How concerned are you about:

- | | High | Low |
|---|--------------------------|--------------------------|
| Paying off the mortgage and other debts in the event of death or disability?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing adequate income for your family in the event of death or disability?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing long-term care for yourself, your spouse, or your parents?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

Does your company provide group term life insurance?.....

Does your company provide survivor's benefits for your spouse?.....

Does your company provide a disability income program?.....

Would you like to review your current insurance coverage?.....

Do you have health care insurance?.....

Will you be relying on investment assets for anticipated and unanticipated health costs?.....

Wealth Preservation Strategies*

Check the Appropriate Box

How concerned are you about:

- | | High | Low |
|--|--------------------------|--------------------------|
| Having an up-to-date will | <input type="checkbox"/> | <input type="checkbox"/> |
| Revocable Living Trust | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Power of Attorney | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Power of Attorney | <input type="checkbox"/> | <input type="checkbox"/> |
| Advanced Medical Directive | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Releases | <input type="checkbox"/> | <input type="checkbox"/> |
| Reducing estate taxes your heirs may have to pay | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing for the efficient transfer of assets to your heirs | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing an inheritance or potential inheritance?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

Would you consider starting a gifting program to reduce the size of your estate?.....

Would you consider making charitable gifts?.....

Other Strategies

Check the Appropriate Box

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you have <u>written</u> financial goals?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you implemented a plan for achieving your goals?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a current inventory of your major assets?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like a review of existing financial arrangements?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it important for you to have access to a team of financial professionals?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like a comprehensive financial analysis?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If not, is there one or several areas that you would like to focus on?..... | <input type="checkbox"/> | <input type="checkbox"/> |

*Mason & Associates, LLC does not provide legal, accounting, or tax advice. You should consult your own legal, accounting, or tax professional for such advice.



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Anticipated Changes

Check ALL that are likely to occur in the **NEXT 12 MONTHS**

- Marriage.....
- Have a Child.....
- Graduation.....
- Divorce.....
- Care for Dependent Parent(s).....
- Obtain a Loan.....
- Pay off a Loan.....
- Increase Savings.....

- Make an Investment.....
- Receive an Inheritance.....
- Buy or Sell a Home.....
- Job Change or Promotion.....
- Bonus or Salary Increase.....
- Buy a Business or Practice.....
- Sell a Business or Practice.....
- Retire.....

Financial Overview

Annual Household Income

- \$0 - \$50,000.....
- \$50,001 - \$75,000.....
- \$75,001 - \$100,000.....

- \$100001 - \$250,000.....
- \$250,001 - \$500,000.....
- \$500,001 - or more.....

Types of Assets or Insurance

- Home.....
- Second Home.....
- Investment or Rental Real Estate.....
- Savings Accounts / CD's.....
- Money Market Accounts.....
- Stocks / Bonds.....
- Mutual Funds.....
- Other

- Annuities.....
- Permanent / Variable Life Insurance.....
- Term Life.....
- Business / Practice.....
- Traditional IRA - All Deductible.....
- Traditional IRA - Non Deductible.....
- Roth IRA.....

Investment Experience

- Stocks..... Years
- Bonds..... Years
- Mutual Funds..... Years
- Investment Real Estate..... Years
- Annuities..... Years
- Other..... Years

Total Liabilities

- Under \$50,000.....
- \$50,000 - \$100,000.....
- \$100,000 - \$150,000.....
- \$150,000 - \$250,000.....
- \$250,000 - \$500,000.....
- Over \$500,000.....

Net Worth

- Cash..... \$
- Stocks..... \$
- Bonds..... \$
- Mutual Funds..... \$
- Investment Real Estate..... \$
- Annuities..... \$
- TSP..... \$
- Total**..... \$ -

Personal Residence

- Market Value of Home \$
- Current Mortgage Balance \$
- Loan Duration / Years Left
- Interest Rate
- 2nd Mortgage or HELOC \$
- Loan Duration / Interest Rate

Annual Income

- Self..... \$
- Spouse..... \$
- Total**..... \$ -

*Exclude Primary Residence