

FACT FINDER



GEN FINANCIAL MANAGEMENT, INC.
Security For Generations

The information in these documents is crucial to the fact-finding process, and planning cannot begin until you have provided us with all the appropriate information. The quality of information provided will directly affect the quality of your planning experience. Please bring the following to our initial meeting.

Taxes and Income

- Most recent federal and state income tax returns
- Social Security statement
- Recent pay stubs
- Employee benefits summary or handbook

Accounts

- Current banking, mortgage, home equity line of credit, auto and education loan statements
- Current investment statements (brokerage accounts, mutual funds and Health Savings Accounts)
- Current retirement plan statements (401(k), 403(b), SEP IRA, etc.)
- Your child(ren)'s 529 and/or UTMA statements

Insurance

- Life
- Disability
- Long Term Care
- Beneficiary Information

Estate Documents

- Wills
- Trusts
- Powers of Attorney
- Health Care Directives
- Beneficiary Information

To be respectful of everyone's time, and to maximize your benefit from the time we spend together, please complete this Fact Finder and return it to GEN Financial **two weeks** prior to your initial financial planning meeting.

If completing this Fact Finder as a fillable PDF please Print to PDF to save your information before submitting to GEN Financial.

Financial planning fact finder

1. Tell us about yourself.

	Client 1	Client 2
Legal name		
Preferred name		
Date of birth	_____/_____/_____ Month Day Year	_____/_____/_____ Month Day Year
Marital status	Single Married Common-Law Divorced Separated Widowed	Single Married Common-Law Divorced Separated Widowed
Social security # / Citizenship		
Employer		
Employer address		
Occupation/title		
Gross salary	\$_____ per_____	\$_____ per_____
Bonus/stock options	\$_____ per_____	\$_____ per_____
Pension	\$_____ per_____	\$_____ per_____
Social security	\$_____ per_____	\$_____ per_____
Investment income	\$_____ per_____	\$_____ per_____
Spousal support obligation	\$_____ per_____	\$_____ per_____
Cell phone		
Home phone		
Business phone		
E-mail address		
Legal address		
Other address		
Target retirement date		
Tell us about your hobbies, interests, charities, etc.		

Financial planning fact finder

2. Your children

	Child 1	Child 2	Child 3	Child 4	Child 5
Legal name					
Date of birth					
Social security number					
Student	Yes No	Yes No	Yes No	Yes No	Yes No
Marital status					
Estimated years in school					
Estimated start date					
Annual cost in today's \$					
Notes (Spouse name, school, residence, occupation, etc)					

3. Your grandchildren

Name	Parent	Date of birth/age	Student	Marital status	Notes
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		

Financial planning fact finder

4. Your professional advisors

	Client 1	Client 2
Lawyer // phone number email address		
Accountant // phone number email address		
Life insurance advisor // phone number email address		
Property casualty insurance advisor phone number // email address		
Other; please specify // phone number email address		
Other; please specify // phone number email address		
Do you have a Will	Yes No	Yes No
Do you have a Trust	Yes No	Yes No
Do you have Powers of Attorney	Yes No	Yes No
Do you have a Health Care Directive	Yes No	Yes No

Financial planning fact finder

5. Your assets

Real estate				
Owner(s)	Description	Purchase amount	Purchase date	Current market value

Investments/Accounts

- I have included recent statements for investments from all sources OR
- See following table. Include cash/checking certificates of deposit, contracts for deed, fixed and variable annuities, individual stocks, mutual funds, IRA assets, 401(k) assets, stock options, business interests, investment real estate, personal assets and other assets

Owner(s)	Registration type	Current market value	Cost basis (if known)	Ongoing contribution	Income distributions

6. Liabilities • Please complete table or attach statements

Liabilities	Client 1	Client 2	Joint
1st Mortgage			
2nd Mortgage			
Auto Loans			
Insurance Policy Loans			
Education Debt			
Other Debt			
Total Liabilities			
Net Worth			

Monthly or annual spending estimate: \$

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8. Defined benefit pension

	Client 1			Client 2		
Retirement age						
Income						
Reduced by		At age			At age	
Inflation indexed						
Current death benefit						
Beneficiary						

Notes / Specific questions or concerns