



FACT FINDER FOR FINANCIAL ANALYSIS

I. PERSONAL INFORMATION

DATE _____

Client Name _____	DOB _____	SSN# _____	/	Spouse/Partner _____	DOB _____	SSN# _____
Place of Birth _____				Place of Birth _____		
Occupation _____	Employer _____			Occupation _____	Employer _____	
Work # _____				Work # _____		
Cell # _____				Cell # _____		
Fax # _____				Fax # _____		
Email _____				Email _____		
Driver's License _____	State _____			Driver's License # _____	State _____	

Home Address:

Home Phone #: _____

II. CHILDREN:

Name	DOB	SSN#
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency:

Name _____

Phone # _____

Is there anyone else who depends on you for their financial well being or is there likely to be? _____

Notes/Actions (Office Use Only)

II. ESTATE PLANNING INFORMATION

Wills Complete? _____

Date Executed? _____

Powers of Attorney? _____

Date Executed? _____ State _____

Trusts: Full Name

III. ADVISORS

Accountant _____

Attorney _____

Auto/Home Owners Insurance Agent _____

Relatives/Close Friends _____

What do you want in a financial advisor? _____

What is your most pressing concern(s)? _____

At what age do you wish to retire?

In Today's dollars, how much income do you want per month at retirement?

	Age	Amount
Option 1		
Option 2		
Option 3		

800 West 47th Street, Suite 510, Kansas City MO 64112 ~ 453 E. Wonderview Avenue, PMB #140, Estes Park CO 80517
Phone 816-931-2668 ~ Fax 816-931-2776 ~ Toll Free 866-931-2668

Securities offered through Moloney Securities Co., Inc – Member FINRA-SIPC

IV. FINANCIAL INFORMATION

Salary \$ _____
Commission \$ _____
Bonus \$ _____
Business \$ _____
Pension \$ _____
Pension \$ _____
Contracts \$ _____
Interest Income \$ _____
Dividends \$ _____
Annuity Income \$ _____
Other Income \$ _____

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V. LIABILITIES

Market Value of Home \$ _____
Monthly Mortgage Payment \$ _____
Second Mortgage \$ _____
Monthly Payment \$ _____
Line of Credit \$ _____
Total Credit Card Debt \$ _____
Auto Loan _____

Interest Rate _____ %
Years Left _____
Interest Rate _____ %
Years Left _____
Interest Rate _____ %
Total Monthly Fixed Expenses \$ _____
Auto Loan _____

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VII. INSURANCE

A. Life Insurance

Insured _____

Policy #	Date Issued	Company	Type	Amount	Premium	Cash Value

Insured _____

Policy #	Date Issued	Company	Type	Amount	Premium	Cash Value

B. Disability Insurance

Insured _____

Policy #	Date Issued	Company	Benefit	Period	Wait	Type	Premium

C. Long Term Care Insurance

Insured _____

Policy #	Date Issued	Company	Benefit	Period	Wait	TQ/NTQ	Premium	Inflation Rider	10 Yr Pay

Do you have health problems which could require early retirement or affect your insurability? _____

Smoker _____ Non-Smoker _____

Diagnosis _____ Date _____ Medication _____
 Diagnosis _____ Date _____ Medication _____
 Diagnosis _____ Date _____ Medication _____
 Diagnosis _____ Date _____ Medication _____
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 Diagnosis _____ Date _____ Medication _____

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