

Fact Finder For Annuity/403B/457 Accounts

Date: _____

Personal and Family Information				
	Name	Date of Birth	Social Security Number	E-Mail Address
Client	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Residence Information	
Street Address: _____	
City, State, Zip: _____	Phone: _____
<input type="checkbox"/> Own?	Mortgage Payment: \$ _____ Mortgage Balance: \$ _____
<input type="checkbox"/> Rent?	Monthly Rent: \$ _____

Legal and Financial Professional Information	
Client's Will (if applicable): Date _____	Type _____
Spouse's Will: Date _____	Type _____
Client's Trust: Date _____	Type _____
Spouse's Trust: Date _____	Type _____
Attorney's Name: _____	Phone No.: _____
Accountant's Name: _____	Phone No.: _____

Employment/Income Information		
	Client	Spouse
Occupation:	_____	_____
Employer:	_____	_____
Business Street:	_____	_____
Address:	_____	_____
City, State, Zip:	_____	_____
Phone Number:	_____	_____
Fax Number:	_____	_____
E-Mail Address:	_____	_____
Annual Income:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____

Financial Information

Assets	Liabilities
Savings \$ _____	Installment Loans \$ _____
Investments _____	Mortgage(s) _____
IRA(s) _____	Charge Accounts _____
Real Estate _____	Credit Cards _____
Business Interests _____	Personal Notes _____
Personal Property _____	Business Debt _____
Other Annuities _____	Other _____
CDs _____	
Mutual Funds _____	
Pensions _____	
Other _____	
Total Assets \$ _____	Total Liabilities \$ _____
Monthly Systematic Savings: \$ _____	Average Monthly Expenses: \$ _____

Insurance Information

Insurance Information						
Life Insurance						
Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
				\$ _____	\$ _____	
				\$ _____	\$ _____	
				\$ _____	\$ _____	
				\$ _____	\$ _____	
				\$ _____	\$ _____	
Other Insurance						
Monthly Disability Benefit:		Client \$ _____		Spouse \$ _____		
Health Insurance:		Client _____		Spouse _____		
P&C Expiration Dates:		Auto _____	Homeowners _____	Other _____		

Planning Priorities

	High	Medium	Low	None
Protecting Family's Lifestyle	_____	_____	_____	_____
Protecting Income	_____	_____	_____	_____
Providing Education Funds	_____	_____	_____	_____
Implementing Savings Plan	_____	_____	_____	_____
Planning for Retirement	_____	_____	_____	_____
Minimizing Estate Shrinkage	_____	_____	_____	_____
Planning for Business Continuation	_____	_____	_____	_____
Lower Income Taxes	_____	_____	_____	_____
Hedge Inflation	_____	_____	_____	_____
Peace of Mind	_____	_____	_____	_____
Assure Proper Disposition of Assets	_____	_____	_____	_____
Increase Current Income	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Please provide accurate and complete information. This Fact Finding Form is intended only as a tool to collect information to assist the agent and client during the sales process. Additional information may be needed.