

The One Call Fact Finder (fun!)

Since we work as a team, we have a high-level Fact Finder worksheet to help all team members understand your financial situation better. We also have Supplements that each team member will use to obtain granular details about that particular subject matter. Supplements include-

- Rental Properties www.TheOC.biz/Rental.pdf
- Tax and Tax Planning www.TheOC.biz/Taxes.pdf
- Investments www.TheOC.biz/Investments.pdf
- Insurance (health, disability, life, long-term care, property) www.TheOC.Biz/Insurance.pdf
- Wills, Trusts and Estates www.TheOC.Biz/Estates.pdf
- Financial Planning www.TheOC.Biz/Plan.pdf

Honesty and openness cannot be stressed enough. We can only find success upon having all the data. Equally important is the assurance that your information will remain strictly confidential.

Vitals

Completion Date _____	Marital Status:	Single	Married	Divorced	Widowed
Legal Name _____	Legal Name	_____			
Preferred Name _____	Preferred Name	_____			
Social Security No. _____	Social Security No.	_____			
Date of Birth _____	Date of Birth	_____			
Mobile Phone _____	Mobile Phone	_____			
Email Address _____	Email Address	_____			
Home Address _____	_____				
Mailing Address _____	_____				
Home Phone _____	_____				



Divorce, Second Marriages, Agreements

Any prenuptial or community property agreements? If so, please describe below-

Is there a divorce decree, spousal maintenance, child support, etc. in affect for anyone? If so, please describe below-

Are you a blended family? If so, please describe below-

Employment

Please provide a recent paystub along with these questions.

Employer _____

Employer _____

Address _____

Address _____

Avg Annual Income _____

Avg Annual Income _____

Job Title _____

Job Title _____

Is there a pension? Yes No

Is there a pension? Yes No

Is there a 401k plan? Yes No

Is there a 401k plan? Yes No

Do you participate? Yes No

Do you participate? Yes No

Is there an ESOP or stock options? Yes No

Is there an ESOP or stock options? Yes No

Is there group health insurance? Yes No

Is there group health insurance? Yes No

Is there life insurance offered? Yes No

Is there life insurance offered? Yes No

Is there disability insurance offered Yes No

Is there disability insurance offered Yes No

Any anticipated changes in employment or careers? If so, please explain below-

Describe your vision of retiring from employment. What approximate ages will you retire? Will it be a cliff retirement, where you go from working to not working? Will it be a gradual decrease in hours over time? Will you find another job during retirement that is not in your line of work?

Real Estate Assets - Personal

Primary Residence

Address _____

Original Purchase Price _____ Date (mm/yy) _____ Current Value _____

Have you made any improvements such as basement finishes, landscaping, etc.? If so, please describe below-

Mortgage Lender	Loan Balance	Interest Rate	Years Remaining
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property taxes, hazard insurance, payment amounts, etc. is addressed in the Financial Planning Supplement.

Do you want to pay the mortgage debts sooner? Yes No Unsure

Do you anticipate selling this property in the next 5 years? Yes No Unsure

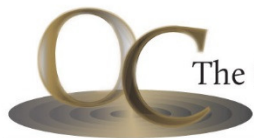
Do you think you'll keep this property during retirement? Yes No Unsure

Have you considered making this property a rental? Yes No Unsure

Is the property owned by you or a trust? Me/Us Trust

Any other anticipated changes for this property? If so, please explain below-

Who is your hazard / property insurance carrier? _____



Second / Vacation Home

Address _____

Original Purchase Price _____ Date (mm/yy) _____ Current Value _____

Have you made any improvements such as basement finishes, landscaping, etc.? If so, please describe below-

Mortgage Lender	Loan Balance	Interest Rate	Years Remaining
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Property taxes, hazard insurance, payment amounts, etc. is addressed in the Financial Planning Supplement.

Do you want to pay the mortgage debts sooner? Yes No Unsure

Do you anticipate selling this property in the next 5 years? Yes No Unsure

Do you think you'll keep this property during retirement? Yes No Unsure

Have you considered making this property a rental? Yes No Unsure

Is the property owned by you or a trust? Me/Us Trust

Any other anticipated changes for this property? If so, please explain below-

Who is your hazard / property insurance carrier? _____



Real Estate Assets – Rentals, Farms, etc.

Rental properties are a separate Supplement. If it is not included with this Fact Finder please visit-

www.TheOC.biz/Rental.pdf

Do you or your family own a farm? If so, please describe the location, ownership, and other pertinent information below-

Personal Assets – Auto

#1 Year, Make, Model _____ Current Value _____

Do you own or lease the vehicle? Own Lease

If you own, what is the loan balance, interest rate and months remaining?

#2 Year, Make, Model _____ Current Value _____

Do you own or lease the vehicle? Own Lease

If you own, what is the loan balance, interest rate and months remaining?

#3 Year, Make, Model _____ Current Value _____

Do you own or lease the vehicle? Own Lease

If you own, what is the loan balance, interest rate and months remaining?

Who is your insurance carrier? _____

Personal Assets – Motorcycles, Boats, Airplanes, RVs, Spaceships

Do you own other vehicles besides automobiles? If so, please describe below-

Personal Assets – Stuff

Other personal stuff is generally not a financial consideration, but there are certain circumstances where this becomes a material issue. More discussion is required.

Furniture Current Value _____

Jewelry Value _____

Art and Collectibles Value _____

Investments and other financial instruments are a separate Supplement. If it is not included with this Fact Finder please visit-

www.TheOC.biz/Investments.pdf

Business Owner

If you are a business owner, please briefly describe the business activity or activities, ownership structures, entity type, etc. below-

Please describe the long-term plan for this business below-

Who is your business insurance carrier? _____

Have you had an appraisal or business valuation performed? Yes No



Other Assets or Financials Interests

Do you have other financial interests in partnerships, corporations, joint ventures, or anything we should be aware of? If so, please describe below-

Trusts

Are you the beneficiary and / or trustee of a trust? If so, please describe the situation below-

Military

Anyone in your family including parents and children a part of the military either as an active service member, reservist or veteran? If so, please describe activities, dates, branches, discharges, etc. below-

Anyone currently receiving or will receive military pensions?	Me	Spouse	Parent	Child
Do you have military medical, long-term care and / or death benefits?		Medical	LTC	Death



Tax Questions

Who is your tax professional? Watson CPA Group or _____

Do you know your tax rate during retirement? Yes No

Do you know how much pre-tax retirement dollars you have saved? Yes No

Investment Questions

Who is your financial / investment advisor? _____

When was the last time your Financial Plan was reviewed or updated? _____ Need One

Do you know how much money you need to retire comfortably? Yes No

Do you want your check to the mortician to bounce? Do you want to leave money behind to your heirs and / or charities? Are you concerned that the average inheritance is spent in 18 months? Describe your legacy ambitions below-

Estate Questions

Who is your estate planning attorney? _____

Name all the states you currently own property in _____

When was the last time your Will was reviewed or updated? _____ Need One

When is the last time your Trust was reviewed or updated? _____ Need One

Is your Trust correctly funded? Yes No I Don't Know NA

Do you have a Durable Power of Attorney? Yes No

Do you have a Medical Power of Attorney? Yes No

Do you have an Advanced Health Care Directive? Yes No



Insurance Questions

Who is your insurance agent? _____

Describe your concerns regarding health insurance and long-term care during retirement below-

Do you have long-term care insurance or provisions for care besides the unlimited amount of time, energy and love of your children? If so, please describe below-

Have any loved ones needed assisted living or nursing home care?	Yes	No			
Do you have an umbrella insurance policy?	Yes	No			
Do you have disability insurance?		Thru Work	Other	None	
Do you have life insurance?	Term	Whole Life	Thru Work	Other	None



Questionnaire

What do you feel is the biggest threat to your financial security?

Please describe your risk aversion for investments, real estate, employment, etc. below-

If you had complete financial security (ie, didn't have to work), how would you spend your time?

Describe some of your bucket list items and time horizons for each below-

What is your perspective on debt in general, how much debt you have now and reduction of debt? Please include your short-term and long-term goals below-

If you have children going to college, describe your philosophies on college savings, student debt, room and board expenses, etc. below-

Thank you for completing this. It is the first step to your long-term success. Congratulations!