

## The Bendix Financial Group, Inc. CONFIDENTIAL FACT FINDER

585 Stewart Ave. Suite 314 Garden City, NY 11530 (800) 559-8866 (516) 228-8302 fax www.bendixfinancial.com facebook.com/bendixfinancial

TODAYS DATE: \_\_\_\_/\_\_\_/\_\_\_\_

CLIENT	BIRTH DATE/SS#/				
SPOUSE	BIRTH DATE/ SS#/				
HOME ADDRESS					
HOME <b>2</b>	WORK <b>2</b>				
EMAIL					
CHILDREN-AGES	REFERRED BY				
	CPA				
ADDRESS:					
	RELATIONSHIP: SS#/				
OCCUPATION:					
Any plans to change occupation/er					
Approximate Income: Client	Spouse				
	Spouse's Employer				
Any plans to change occupation/er	iployer? Yes $\square$ No $\square$				
1/	CONCERN SCALE  0 = Most Important & 1 = Least Important				
Reduce Taxes	Minimize Estate Transfer Costs				
Protection From Inf					
Accumulate Retirer	<b>_</b>				
Diversify Assets	College Education Planning				
What are your financial goals?					
What is your primary financial concern?					
RETIREMENT:					
At what age would you like to be f					
What percentage of your current ea	rned income would you need at retirement?				
Are you covered under any Retirer					
If yes, what percentage of your i	ncome will you receive at retirement?				
Which of the following best describes yo					
My present income is adequate for m	y needs				
I need more current income					
i itner iccije					

(PLEASE CONTINUE ON PAGE 2 %)

INSURANCE:					
Total on Client's Life					
Total on Spouse's Life					
Type of Insurance Owned					
Do you have Disability Insura	ınce? Yes □ No □				
Do you have long-term care insu	rance? Yes □ No □				
If not would you like to learn mo	ore about it? Yes \( \Boxed{\omega} \) No \( \Boxed{\omega} \)				
<b>ESTATE PLANNING:</b>			_		_
Do you have a Will?			Yes □ - Date last 1	reviewed//	No 🗆
Any Trusts created?			No $\square$ Yes $\square$	uted/	
Do you have a Durable Power of Attorney?			Yes □ - Date exec	uted/	No 🗆
Does your Spouse have a Dur	able Power of Attorney?		Yes □ - Date exec	uted/	No 🗆
ASSETS:					
	<b>Personal Savings</b>			IRA/SEP-IRA/Keog	
			and	d other tax-deferred re	etirement plans
Residents	\$			\$	
Other Real Estate	\$			\$	
Cash/Checking Account	\$			\$	
CDs	\$			\$	
Savings Account	\$			\$	
Money Market Account	\$			\$	
Life Insurance (cash value)	\$			\$	
Annuities	\$			\$	
Common Stock & Options	\$			\$	
US Government Bonds	\$			\$	
Tax-Free Municipal Bonds	\$			\$	
Corporate Bonds	\$			\$	
Investment Real Estate	\$			\$	
Tax-Free Mutual Funds	\$			\$	
Stock Mutual Funds	\$			\$	
Collectibles	\$			\$	
Other Investments	\$			\$	
TOTAL	\$		TOTAL	\$	
NAME AND ADDRESS OF		TTION V		AND CHECKING A	DE LOCATED.
NAME AND ADDRESS OF	FINANCIAL INSTITU	IION V	THERE SAVINGS	AND CHECKING AI	XE LUCATED
			<del></del>		
PLEASE LIST YOUR LIAF	BILITIES				
Credit Cards		\$			
Auto Loans		\$			
Personal Loans		\$			
Personal Business L	Loans	\$			
Other		\$			
Outstanding Mortgage Balance		\$		Mortgage Payment \$	
Vacation Property Mortgage		\$	Monthly	Monthly Mortgage Payment \$	

## (PLEASE CONTINUE ON PAGE 3 ⇒)

Securities offered through Royal Alliance Associates, Inc. member FINRA/SIPC. Advisory Services offered through The Bendix Financial Group, Inc. a registered investment advisor.

TAXES (From last year's tax returns)							
What marginal federal tax bracket are you currently in?	%						
(Please bring in a copy of your last year's tax return)							
Do you pay state income tax?	Yes 🗖 No 🗖						
If yes, to which state?							
What marginal tax rate do you pay to that state?	%						
SAVINGS							
Outside your company retirement / savings plan, how much did you save last year after taxes?	\$						
Do you expect to save a similar amount each year for the next few years? Yes □ No							
If not, how much do you expect to save each year?							
How do you feel about the performance of your investments to date?							
Are you an aggressive or conservative investor?							
What rate of return would you like to achieve?							
Do you feel inflation will increase?							
What is your primary reason for consulting a financial consultant?							
OTHER							
Experience None Stocks Bonds Mutual Funds Options Annuities Managed Account	nts Other						
Load No Load							
Years							
<ol> <li>Have you ever used an investment advisor, financial planner, or other professional to investments?</li> <li>Yes □ No □</li> </ol>	o manage your						
2. Have you set up a 529 college education plan for your children or grandchildren? Yes □ No □							
3. What strategy did you follow to produce the portfolio you currently have?							
<b>4.</b> Have you considered the purchase of Long Term Care Insurance? Yes □ No □							
OTHER							
1. What are your personal interests and hobbies?							
2. What are your dreams, goals and aspirations?							

(THANK YOU FOR TAKING THE TIME TO COMPLETE ALL THREE PAGES ☺)

Securities offered through Royal Alliance Associates, Inc. member FINRA/SIPC. Advisory Services offered through The Bendix Financial Group, Inc. a registered investment advisor.