



The Bendix Financial Group, Inc.
CONFIDENTIAL FACT FINDER

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TODAYS DATE: ____/____/____

CLIENT _____ BIRTH DATE ____/____/____ SS# ____/____/____

SPOUSE _____ BIRTH DATE ____/____/____ SS# ____/____/____

HOME ADDRESS _____

HOME ☎ _____ WORK ☎ _____

EMAIL _____

CHILDREN-AGES _____ REFERRED BY _____

ATTORNEY _____ CPA _____

ADDRESS: _____

PRIMARY BENEFICIARY: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ SS# ____/____/____

ADDRESS: _____

EMPLOYER: _____

OCCUPATION: _____

Any plans to change occupation/employer? Yes No

Approximate Income: Client _____ Spouse _____

Spouse's Occupation _____ Spouse's Employer _____

Any plans to change occupation/employer? Yes No

CONCERN SCALE

10 = Most Important & 1 = Least Important

- | | |
|-------------------------------------|--------------------------------------|
| _____ Reduce Taxes | _____ Minimize Estate Transfer Costs |
| _____ Protection From Inflation | _____ Adequate Life Insurance |
| _____ Accumulate Retirement Capital | _____ Reduce Life Insurance Costs |
| _____ 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 financially independent? _____

What percentage of your current earned income would you need at retirement? _____

Are you covered under any Retirement Plan? Yes No

If yes, what percentage of your income will you receive at retirement? _____

Which of the following best describes your attitude towards your income needs?

_____ My present income is adequate for my needs

_____ I need more current income

_____ Other issue

(PLEASE CONTINUE ON PAGE 2 ↪)

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

INSURANCE:

Total on Client's Life _____

Total on Spouse's Life _____

Type of Insurance Owned _____

Do you have Disability Insurance? Yes No

Do you have long-term care insurance? Yes No

If not would you like to learn more about it? Yes No

ESTATE PLANNING:

Do you have a Will? Yes - Date last reviewed ____/____/____ No

Any Trusts created? No Yes - _____

Do you have a Durable Power of Attorney? Yes - Date executed ____/____/____ No

Does your Spouse have a Durable Power of Attorney? Yes - Date executed ____/____/____ No

ASSETS:

	Personal Savings	IRA/SEP-IRA/Keogh/401(k) and other tax-deferred retirement 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 FINANCIAL INSTITUTION WHERE SAVINGS AND CHECKING ARE LOCATED:

PLEASE LIST YOUR LIABILITIES

Credit Cards	\$ _____	
Auto Loans	\$ _____	
Personal Loans	\$ _____	
Personal Business Loans	\$ _____	
Other	\$ _____	
Outstanding Mortgage Balance	\$ _____	Monthly Mortgage Payment \$ _____
Vacation Property Mortgage	\$ _____	Monthly Mortgage Payment \$ _____

(PLEASE CONTINUE ON PAGE 3 ⇨)

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