

Financial Planning Fact Finder Questionnaire

1. Tell us about yourself

	Client #1	Client #2
Name		
Name commonly used (Nickname)		
Date of Birth		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Anniversary Date		
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Quit <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Quit <input type="text"/>
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In good health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Street Address		
City / State / Zip Code		
Home Phone		
Cell Phone		
Primary Email		
Employer Name		
Occupation / Title		
Employer Street Address		
Employer City / State / Zip Code		
Employer Phone		
Gross Salary		
Date of Hire		
Child / Spousal Support		

2. Your Children

Name / Relationship	Date of Birth	Student	Marital Status	Notes
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Your Grandchildren

Name / Relationship	Parent	Date of Birth	Student	Marital Status	Notes
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

4. Your Siblings

Name/Whose Sibling?	Date of Birth	Marital Status	Phone	Email

5. Your Parents

	Client #1	Client #2
Mother's Name		
Age		
Date of Death/Cause of Death		
Father's Name		
Age		
Date of Death/Cause of Death		
Any Financial or Physical Care Needs?		

6. Your Professional Advisors

	Client #1	Client #2
Lawyer		
Accountant		
Investment Advisor		
Physician		
Other		
Do you have a Will/Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was it signed?		
When was it last reviewed?		
Do you have POA for Property/Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
When were they signed?		
When were they last reviewed?		

7. Client Asset Summary

Institution Name / Description	Client #1	Client #2	Joint Ownership
<i>Checking/Savings</i>			
<i>Non-Retirement Investments</i>			
<i>Retirement Investments</i>			
<i>Other Assets</i>			
<i>Insurance (Life, Disability, LTC)</i>			

**Please note: the information provided is for planning purposes only. All information is held in confidence and securely stored

8. Documentation Checklist

Documentation of your current assets is vital to creating a personalized financial plan. Below is a list of some of the common documents that our clients provide. While not mandatory, any documents that you can provide from this list are helpful in the development of your financial plan.

Personal Assets

- Checking/Savings Statement
- Non-Qualified Investment Statements
- Stock, Bond, or Stock Options
- College Savings – 529
- Other: _____

Insurance

- Life Insurance Statements
- Long-Term Care Policies
- Long-Term Disability
- Other: _____

Retirement Accounts

- Current/Former 401(k)/403(b) Statements
- Private/Public Pension Statement
- Trad/Roth IRA Statements
- Social Security Statement
- Other: _____

Estate Planning

- Will/Living Will
- Durable Power of Attorney
- Medical Power of Attorney
- Trusts

Tax Documents

- Most Recent Tax Return
- W-2 or Pay Stub

Liabilities

- Mortgage Statements
- Other Loan Statements
- Other: _____

Miscellaneous

- Written Budget (see attached if needed)
- Specific Goals
- Other: _____

9. What are you most interested in discussing?

<input type="checkbox"/>	Retirement	How much do I need? When to take Social Security? How do I manage my assets?
<input type="checkbox"/>	Education Planning	How much to save? What are my options?
<input type="checkbox"/>	Life Events	Marriage? Job Change? Divorce? Loved one pass away?
<input type="checkbox"/>	Eldercare	Medicare? Plan for Parents? Access to funds if sick?
<input type="checkbox"/>	Estate Planning	What is it? How do I protect my assets? What do my survivors need to know?
<input type="checkbox"/>	Financial Basics	Budgeting? Reduce debt? How to discuss finances with family?

Additional Comments:

10. Client Preferences

Best Contact Method: Email Cell Phone Home Phone Other _____

Best Time of Day to Contact: Morning Afternoon Evening

Copy Spouse on Correspondence: Yes No

Review Frequency Desired: Annual Semi-Annual Quarterly

The financial professional-client relationship can be similar to the doctor-patient relationship. Success in both is based on mutual respect, honesty, and trust.

Before we meet, think carefully about the nature of the discussion and what you wish to accomplish. Prepare any questions you have in advance. During the meeting, take notes and ask questions until you are comfortable with a concept or suggestion. However, don't feel compelled to reach decisions right away. I encourage you to discuss your questions and concerns with me before making a decision.

Remember, my job is to look out for your best interests and help you achieve your financial goals. Establishing a mutually open, honest relationship is an important step in realizing those goals.

What to do before your first meeting:

- ❖ Complete the Personal Information Form
- ❖ Provide a copy of all documents that you may have on the Documentation Checklist
- ❖ Provide any questions or commentary that you would like to discuss at the meeting
- ❖ Keep in mind that this is a comprehensive list. The idea is to obtain a snapshot of your overall picture so that we can have efficient meetings and make proper recommendations.

If you need anything prior to the meeting please contact us

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