



FACT FINDER

CONFIDENTIAL INFORMATION. WE VALUE YOUR PRIVACY.

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Please download and complete this fact finder. Email to info@tortugafinancial.com or upload to RightCapital.

PERSONAL INFORMATION		CLIENT	PERSONAL INFORMATION		CO-CLIENT
Legal Name			Legal Name		
I Prefer To Be Called			I Prefer To Be Called		
Home Address			Home Address		
Social Security Number			Social Security Number		
Date of Birth			Date of Birth		
Citizenship			Citizenship		
Cell Phone	Preferred <input type="checkbox"/>		Cell Phone	Preferred <input type="checkbox"/>	
Home Phone	Preferred <input type="checkbox"/>		Home Phone	Preferred <input type="checkbox"/>	
Work Phone	Preferred <input type="checkbox"/>		Work Phone	Preferred <input type="checkbox"/>	
Home Email	Preferred <input type="checkbox"/>		Home Email	Preferred <input type="checkbox"/>	
Work Email	Preferred <input type="checkbox"/>		Work Email	Preferred <input type="checkbox"/>	
Occupation			Occupation		
Employer			Employer		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Unmarried Partner <input type="checkbox"/> Not Looking <input type="checkbox"/> On the Prowl <input type="checkbox"/> Frustrated					

CHILDREN/DEPENDENTS		
Name & Relationship	Occupation	Interests

SOURCES OF INCOME	
Base Salary	Base Salary
Expected Bonus	Expected Bonus
Current Social Security (Monthly)	Current Social Security (Monthly)
Current Pension	Current Pension
Business, Rental, or Other	Business, Rental, or Other

FINANCIAL PLANNING OBJECTIVES

Please rank from 1-10, 1 being the most important	Client's Ranking	Co-Client's Ranking
Organization of Household Finances		Organization of Household Finances
Build Wealth		Build Wealth
Review Current Investments		Review Current Investments
Work-Optional Lifestyle (Retirement)		Work-Optional Lifestyle (Retirement)
Adequate Life, Disability & Long Term Care Insurance		Adequate Life, Disability & Long Term Care Insurance
Reduce Income Tax		Reduce Income Tax
Review Estate Plan		Review Estate Plan
Leave a Legacy to My Children		Leave a Legacy to My Children
Large Purchase Planning		Large Purchase Planning
College Funding		College Funding

INVESTMENT EXPERIENCE

What do you consider a reasonable rate of return on a long-term investment portfolio? _____ %

If your investment account dropped in value, at what percent would you be concerned? _____ %

What investments would you consider? (Check all that apply)

ETFs Mutual Funds Blue Chip Stocks Annuities Bank Products Alternative Investments Other, please explain _____

What is the best investment you ever made?

What is the worst investment you ever made?

If you are considering changing your current investment advisor, please explain why.

ESTATE PLANNING

Client	Co-Client
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a durable power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a durable power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current health care proxy or surrogate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current health care proxy or surrogate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect any inheritances? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Approximately how much?	Do you expect any inheritances? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Approximately how much?

WORK OPTIONAL LIFESTYLE (RETIREMENT PLANNING)

What age would you like to retire? Client _____ Co-Client _____

How much monthly income, in today's dollars, will you want in retirement?

Do you plan on working after retirement? Yes No Earnings per year \$ _____

How many years will you work after retirement?

Do you have plans to change your residence in the near future? Yes No Explain: _____

Do you plan to manage multiple residences during retirement? Yes No Explain: _____

CHECKING/SAVINGS Indicate Ownership: C = Client, CO = Co Client, J = Joint, T = Trust

Market Accounts/CDs	Bank Name	Ownership	Current Value	Interest Rate - %

Non Retirement Investment Accounts	Financial Institution	Ownership	Current Value	Ongoing Contribution

RETIREMENT PLANS - CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Financial Institution	Current Value	Your Annual Contribution	Employer Contribution

RETIREMENT PLANS - CO-CLIENT

Type: IRA, ROTH IRA, 401(k), 403(b), Pension Plan, Profit Sharing, SEP, SIMPLE IRA, etc.	Financial Institution	Current Value	Your Annual Contribution	Employer Contribution

STOCK OPTIONS

Do you own Incentive Stock Options (ISOs)? Yes No

Do you own Non-Qualified Stock Options (NSOs)? Yes No



REAL ESTATE PROPERTY

	Home	Other #1	Other #2
Address			
Please Describe (vacation home, investment property etc.)			
Owner (Joint, Trust, etc.)			
Month/Year Purchased			
Purchase Price			
Estimated Cost of Improvements			
Current Market Value			
Current Mortgage Balance			
Mortgage Date			
Interest Rate/Years Remain			
Monthly Payment (Principal and Interest)			
Property Taxes (Annual)			
Homeowners Insurance (Annual)			
Homeowner's Association/Condo Fees (Monthly)			

HOME EQUITY LOAN/LINE OF CREDIT

Bank Name	Credit Limit	Outstanding Balance	Original Date	Interest Rate	Form of Payment

PERSONAL PROPERTY (OTHER THAN REAL ESTATE)

	Car #1	Car #2	Furniture & Jewelry	Collectibles	Other: Describe
Owner					
Estimated Value					

LIABILITIES (NOT REAL ESTATE)

List all Loans and Debts (Auto, School, Credit Cards, etc)	Current Balance	Monthly Payment	Interest Rate	Est. Payoff Date



BUSINESS OWNER INFORMATION

Name of Business		
Estimated Business Value		
Percent Ownership		

INSURANCE

Life Insurance	Policy #1	Policy #2	Policy #3	Policy #4
Company Name & Policy Number				
Face Value				
Policy Date				
Cash Value				
Premium Amount & Frequency				
Policy Type (Whole life, term, universal life, group, etc)				
Insured				
Owner				
Beneficiary				
Disability Insurance	Client		Co-Client	
Name of Insurance Carrier				
Monthly Benefit				
Premium Amount & Frequency				
Through Company or Personally Owned?				
Waiting Period and Length of Benefits				
Long Term Care Insurance	Client		Co-Client	
Name of Insurance Carrier				
Daily or Monthly Benefit				
Premium Amount & Frequency				
Auto Insurance	Policy #1	Policy #2		
Name of Insurance Carrier				
Uninsured Motorist Coverage				
Premium Amount & Frequency				
Homeowner's Insurance	Policy #1	Policy #2		
Name of Insurance Carrier				
Premium Amount & Frequency				
Amount of Umbrella Coverage/Premium				
Replacement Value (Yes or No)				

FACT FINDER TIPS

- We will never share your data and will protect it at all costs.
- Don't drive yourself crazy filling out this form, we will ask for statements and policies.
- Use whole dollar amounts (estimates are ok).
- Feel free to write "NA" if it doesn't apply.
- We will update and refine your data throughout our process.
- If you are uploading to RightCapital, follow the instructions below:
 1. Log into Account View.
 2. Click on the RightCapital tab.
 3. Find and open Vault.
 4. Upload the fact finder and all other documents to the Shared Document Folder.

WHAT ELSE SHOULD WE KNOW?

Please share any additional information as well as your most important questions.

ADVICE BEYOND RETURN®