

# FACT FINDER CONDENSED



FIRST  
FINANCIAL  
GROUP

Date \_\_\_\_\_

### CLIENT/CO-CLIENT

Name \_\_\_\_\_ DOB \_\_\_\_\_ Cell \_\_\_\_\_  Not a U.S. Citizen

Name \_\_\_\_\_ DOB \_\_\_\_\_ Cell \_\_\_\_\_  Not a U.S. Citizen

Home Address \_\_\_\_\_

Tax Filing Status

Single

Head of Household

Married Filing Jointly

Married Filing Separately

### CHILDREN/DEPENDENTS

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

<i>Income</i>	<i>Gross Salary</i>	<i>Bonus/ Other</i>	<i>Income</i>	<i>Gross Salary</i>	<i>Bonus/ Other</i>
Name	\$	\$	Name	\$	\$
	\$	\$		\$	\$

<i>Social Security</i>	<i>FRA Amount (If not Receiving) Amount Currently Receiving</i>		<i>Amount</i>	<i>COLA</i>	<i>Survivorship Percentage</i>	<i>Start Date</i>
Name		Pension Income				
Name		Pension Income				

<i>Assets</i>	<i>Owner(s)</i>	<i>Purchase Price</i>	<i>Current Value</i>	<i>Property Taxes</i>	<i>Loan</i>
Personal Residence					See Below
Second Residence					See Below
Rental Property					
Vehicle One					
Vehicle 2					
Personal Assets					
Other					

<i>Liabilities</i>	<i>Current Balance</i>	<i>Start Date</i>	<i>Term</i>	<i>Interest Rate</i>	<i>Payment (P &amp; I Only)</i>	<i>Add.Pmt.</i>
Mortgage						
Mortgage/ HELOC						
Credit Cards						
Student Loans						
Other Loan						

<i>Fixed Expenses</i>	<i>Amount</i>	<i>Discretionary Expenses</i>	<i>Amount</i>	<i>Discretionary Expenses</i>	<i>Amount</i>
Housing (Excludes mortgage)	\$ yr	Furnishings	\$ yr	Charity	\$ yr
Medical	\$ yr	Personal Care/Cash	\$ yr	Gifts	\$ yr
Transportation	\$ yr	Child Care	\$ yr	Pets	\$ yr
Groceries	\$ yr	Vacation	\$ yr	Prof. Services	\$ yr
Clothing	\$ yr	Entertainment	\$ yr	Misc.	\$ yr
Total	\$ yr	Total	\$ yr	Total	\$ yr

<i>Cash Accounts</i>	<i>Checking</i>	<i>Savings/Money Markets</i>	<i>Money Markets/CD's</i>
Name	\$	\$	\$
Name	\$	\$	\$

<i>Investments (e.g. 401(k), IRA, After-Tax)</i>	<i>Account Type</i>	<i>Balance</i>	<i>Contribution /Savings (pre-tax, post- tax, roth)</i>	<i>Employer Contributions (% of salary, fixed amount)</i>
Owner				
Owner				
Owner				
Owner				

<i>Group /Individual Life Insurance</i>	<i>Owner /Beneficiary</i>	<i>Start Date</i>	<i>Type/Term</i>	<i>Death Benefit</i>	<i>Premium</i>	<i>Cash Value</i>
Insured						
Insured						
Insured						

<i>Group /Individual Disability Insurance</i>	<i>Type</i>	<i>Waiting Period</i>	<i>Benefit Amount</i>	<i>Premium</i>	<i>Benefit Period</i>	<i>COLA</i>
Insured						
Insured						

Long Term Care	Waiting Period	Benefit Amount	Premium	Benefit Period	Hybrid (If Applicable)
Insured					Hybrid <input type="checkbox"/> Life <input type="checkbox"/> Annuity
Insured					Hybrid <input type="checkbox"/> Life <input type="checkbox"/> Annuity

**Property & Casualty      Umbrella Insurance**

Asset: \_\_\_\_\_ Coverage Amount \$ \_\_\_\_\_

Asset: \_\_\_\_\_ Coverage Amount \$ \_\_\_\_\_

**Insurance/Medicare**

Health Insurance      Name \_\_\_\_\_

HMO       POS       Medicare       PPO       High Deductible

Name \_\_\_\_\_

HMO       POS       Medicare       PPO       High Deductible

Dental Insurance      Name \_\_\_\_\_

Basic       Premium

Name \_\_\_\_\_

Basic       Premium

**Healthcare Savings**

HSA \_\_\_\_\_

FSA \_\_\_\_\_

**Wills**

Yes       No      Date Est. \_\_\_\_\_ Last Reviewed \_\_\_\_\_

**Power of Attorney**

Yes       No      Date Est. \_\_\_\_\_ Last Reviewed \_\_\_\_\_

**Trusts**

Yes       No      Date Est. \_\_\_\_\_ Last Reviewed \_\_\_\_\_

**Healthcare Proxy**

Yes       No      Date Est. \_\_\_\_\_ Last Reviewed \_\_\_\_\_

Do you currently have guardianship provisions?       Yes       No

Are you the guardian for someone else?       Yes       No

Do you work with a CPA?       Yes       No

Are you using any estate distribution strategies (gifting, charitable giving)?       Yes       No

*Registered representative of and offers securities through MML Investors Services, LLC. Member SIPC.  
Supervisory office: 7107 Wisconsin Avenue, Suite 1200, Bethesda, MD 20814. 301-907-9030.*