



**HERITAGE FINANCIAL**  
PARTNERS

# CLIENT FACTFINDER

[www.heritagefinancialpartners.com](http://www.heritagefinancialpartners.com)

@heritageFP



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## | Personal Information

**Date:**

Mr.

Mrs.

Ms.

Your Information		
First Name:	M.I	Last Name
Birth Date	Age	Social Security Number
Street Address		
City/Town		State/Zip
Home Phone		Email Address
Cellular Phone		Cellular Phone
Employment		
Occupation		Employer
Employer Address		Phone
Fax		Email Address
Education		
School	Degree	Affiliations (Clubs, Activities, Sports)
High School		
College		
Graduate School		
Military Service		
Date of Active Duty	Branch	Type of Discharge
Notes		

## | Personal Information

Mr.                      Mrs.                      Ms.

Spouse/ Partner		
First Name:	M.I	Last Name
Birth Date	Age	Social Security Number
Street Address		
City/Town		State/Zip
Home Phone		Email Address
Cellular Phone		Cellular Phone
Spouse/ Partner's Employment		
Occupation		Employer
Employer Address		Phone
Fax		Email Address
Spouse/ Partner's Education		
School	Degree	Affiliations (Clubs, activities, Sports)
High School		
College		
Graduate School		
Spouse/ Partner's Military Service		
Date of Active Duty	Branch	Type of Discharge
Children/Grandchildren/Other Dependents		
Name	Birth Date	Relationship

## | Personal Information

### Contacts

Please enter the information for all that apply.

Tax Preparer	
Name	Address
Phone	Email
Attorney	
Name	Address
Phone	Email
Insurance Agent	
Name	Address
Phone	Email
Investment Advisor	
Name	Address
Phone	Email
Notes	

## | Personal Goals

Please answer the following questions.

“ Follow your passion, and success will follow you. ”  
~ Arthur Buddhold

<b>What do you strive for most in life?</b>
<b>What do you try to avoid?</b>
<b>Do you want to continue your education? In what way?</b>
<b>Would you consider changing careers? To what?</b>
<b>What are your hobbies?</b>
<b>Do you do volunteer work?</b>
<b>How do you meet new people?</b>
<b>Do you consider yourself a saver or a spender?</b>

## | Personal Goals

Please enter the information for all that apply.

“The real measure of your wealth is how much you’d be worth if you lost all your money.”  
~ Author Unknown

<b>How do you envision your future lifestyle?</b>
<b>Do you travel or want to travel? Where?</b>
<b>What values or philosophies do you want most to pass on to your children or grandchildren?</b>
<b>What do you want your legacy to be?</b>
<b>If you had complete financial security, how would you spend your time?</b>
<b>Name the most important personal goal you want to meet...</b>
<b>within one year</b>
<b>within five years</b>
<b>within ten years</b>

## | Financial Concerns

“ Money is a terrible master but an excellent servant.  
 ~ P.T Barnum ”

Please rate how important the following financial concerns are to you, 5 being the most important, 1 being the least important.

Concern	1	2	3	4	5
Plan a budget					
Start a short-term savings plan (e.g., to buy a house, or take a vacation)					
Create or update an education savings plan for my children					
Create or update a retirement savings plan					
Create or update an investment plan					
Create or update an estate plan					
Start a new business					
Review tax efficiencies					
Analyze my insurance needs					
Organize my financial documents					
<b>Notes</b>					

## | Financial Goals Worksheet

Please complete this worksheet for your two most important short-term, medium-term, and long-term financial goals.

“Goals are dreams with deadlines.”  
~ Diana Sharf

Goal	By When?	Amount
<b>Short Term (within 3 years)</b>		
<b>Medium Term (3-7 years)</b>		
<b>Long Term (over 7 years)</b>		
<b>Notes</b>		

## | Financial Information

<b>Assets</b> Use current fair market value		<b>Liabilities</b>	
Cash and CDs		Mortgages	
Primary Residence		Other Home Loans	
Second Residence		Vehicle Loans	
Automobiles		School Loans	
Other Vehicles		Business Loans	
Business Interests		Other Loans	
Retirement Accounts		Notes	
Investments		Credit Cards	
Fine Art, Jewelry, Collectibles		Medical Bills	
Other Personal Property		Taxes	
Any Other Assets		Any Other Liabilities	
<b>Total Assets</b>		<b>Total Liabilities</b>	
		<b>Net Worth</b>	
		Total assets minus total liabilities	
Are any liquid assets earmarked as an "Emergency fund"?		Yes    No    If yes, how much?	
<b>Notes</b>			



## | Insurance

### Current Coverage

Please check the boxes to indicate the types of coverage you currently have.

	Client		Spouse/Partner	
	Group	Individual	Group	Individual
Health				
Disability				
Life				
Homeowners or Renters				
Auto				
Long-Term Care				
Personal Umbrella Liability				
Business Owner				
Business Liability				
Other (specify below)				
<b>What questions or concerns do you have about your insurance coverage?</b>				

## | Insurance

### Life Insurance Current Coverage

Please enter the information for each type of life insurance policy you currently have.

Client						
Type	Face Value	Annual Premium	Beneficiary	Cash Value	Current Loans	Surrender Value
Term				N/A	N/A	N/A
Whole						
Variable						
Universal						
Other (specify below)						
Spouse/Partner						
Term				N/A	N/A	N/A
Whole						
Variable						
Universal						
Other (specify below)						
Notes						

## | Insurance Planning

### Longevity

Please enter the information for all that apply.

Client's						
	Father	Mother	Sibling	Sibling	Sibling	Sibling
Current Age						
Age Passed Away						
Are you a smoker? (Y/N)				Height:		
Do you exercise regularly? (Y/N)				Weight:		
Do you have any chronic illnesses? (Y/N)						
Notes						

Spouse's						
	Father	Mother	Sibling	Sibling	Sibling	Sibling
Current Age						
Age Passed Away						
Are you a smoker? (Y/N)				Height:		
Do you exercise regularly? (Y/N)				Weight:		
Do you have any chronic illnesses? (Y/N)						
Notes						

## | Education Planning

Please answer the following questions.

“ Learning is a treasure that will follow its owner everywhere. ”  
 ~ Chinese Proverb

### Anticipated Needs

Child's Name	Year Entering College	Projected Total Costs for Four Years

### Current Savings Allocated for College Costs

Please enter the information for all that apply.

	529 Plans	Coverdell Education Savings Accounts	UGMA/UTMA Custodial Accounts	Other (specify)
<b>Current Balance</b>				
<b>Additional Monthly Savings</b>				
<b>Planned Lump-Sum Contributions</b>				
<b>Notes</b>				

## | Education Planning

Please answer the following questions.

**How important is it that you retain control of the education money until your child finished college?**

Very Important

Somewhat Important

Not Important

**How Important is it that your child not take out any student loans to help pay for college?**

Very Important

Somewhat Important

I expect him/her to take out loans.

**What percentage of your child's college costs do you plan to pay for?**

100%

75-99%

50-75%

25-50%

Less than 25%

Please check the box that applies.

	Yes	No	Not Sure
Do you know how tax-advantaged college savings strategies would benefit you based on your tax bracket?			
Will grandparents or others be providing any education funding for your child?			
Did you know that individuals can make a tax-free gift of tuition to your child directly to an educational institution?			
Does your state offer...			
A 529 college savings plan?			
A 529 prepaid tuition plan?			
An income tax exemption for qualified 529 plan withdrawals?			
An income tax deduction for 529 plan contributions?			
If in college now, do you claim the Lifetime Learning or American Opportunity Tax Credit?			
Do you have any other education-related concerns, or is there anything else you would like information on?			

## | Education Planning

Please answer the following questions.

What educational Plans do you have for <u>Child A</u> , if any?			
Owner	Beneficiary	Contributions	Balance
<b>Program(s):</b>	2-YEAR	4-YEAR	GRADUATE
<b>Tuition:</b>	PUBLIC (IN-STATE) TUITION	PUBLIC (OUT-OF-STATE) TUITION	PRIVATE TUITION
<b>Board:</b>	HOME	DORM(LOCAL)	DORM (OUT OF TOWN)
<b>Notes:</b>			

What educational Plans do you have for <u>Child B</u> , if any?			
Owner	Beneficiary	Contributions	Balance
<b>Program(s):</b>	2-YEAR	4-YEAR	GRADUATE
<b>Tuition:</b>	PUBLIC (IN-STATE) TUITION	PUBLIC (OUT-OF-STATE) TUITION	PRIVATE TUITION
<b>Board:</b>	HOME	DORM(LOCAL)	DORM (OUT OF TOWN)
<b>Notes:</b>			

What educational Plans do you have for <u>Child C</u> , if any?			
Owner	Beneficiary	Contributions	Balance
<b>Program(s):</b>	2-YEAR	4-YEAR	GRADUATE
<b>Tuition:</b>	PUBLIC (IN-STATE) TUITION	PUBLIC (OUT-OF-STATE) TUITION	PRIVATE TUITION
<b>Board:</b>	HOME	DORM(LOCAL)	DORM (OUT OF TOWN)
<b>Notes:</b>			

## | Retirement Planning

### Current Retirement Savings - Your Information

Please complete for all retirement plans you currently have. Complete the next page for your spouse/partner.

	Your Current Year Contribution	Total Value (December 31, prior year)	Vested Value (December 31, prior year)	Beneficiary
Traditional IRA			N/A	
Roth IRA			N/A	
401(k)				
Roth 401(k)				
Profit-Sharing Plan				
Stock Bonus Plan/ ESOP				
SIMPLE Plan			N/A	
SEP			N/A	
403(b) Plan				
Federal Thrift Savings Plan				
Governmental 457 (b) Plan				
Nonqualified Deferred Compensation				
Annuities			N/A	
Other (specify below)				
<b>Notes</b>				

## | Retirement Planning

### Current Retirement Savings - Your Spouse/ Partner

Please complete all retirement plans your spouse/partner currently has.

	Spouse/ Partner's Current Year Contribution	Total Value (December 31, prior year)	Vested Value (December 31, prior year)	Beneficiary
Traditional IRA			N/A	
Roth IRA			N/A	
401(k)				
Roth 401(k)				
Profit-Sharing Plan				
Stock Bonus Plan/ ESOP				
SIMPLE Plan			N/A	
SEP			N/A	
403(b) Plan				
Federal Thrift Savings Plan				
Governmental 457(b) Plan				
Nonqualified Deferred Compensation				
Annuities			N/A	
Other (specify)				
<b>Notes</b>				

## | Retirement Planning

Please answer the following questions.

“ If you don’t know where you are going, you will probably end up somewhere else.”  
 ~ Lawrence J. Peter

Your Information			
<b>At what age do you plan to retire?</b>			
<b>What are your anticipated annual expenses during your retirement years?</b>			
<b>Are you covered by an employer pension plan?</b>			
Current accrued benefit:		Vested status:	
Estimated full retirement benefit:		Early retirement benefits available?	
<b>Is your spouse/partner covered by an employer pension plan?</b>			
Current accrued benefit:		Vested status:	
Estimated full retirement benefit:		Early retirement benefits available?	
<b>How much other annual income will be available to you and your spouse/partner during retirement? (Specify source, and include Social Security, annuities, etc.)</b>			
<b>Do you or your spouse/partner plan to work part time during retirement?</b>			
<b>What level of annual income will you need to maintain an acceptable standard of living during retirement?</b>			
<b>Do you plan to relocate when you retire? Where?</b>			

## | Retirement Planning

Please answer the following questions.

“ If you don’t know where you are going, you will probably end up somewhere else.”  
 ~ Lawrence J. Peter

Your Spouse/ Partner			
<b>At what age do you plan to retire?</b>			
<b>What are your anticipated annual expenses during your retirement years?</b>			
<b>Are you covered by an employer pension plan?</b>			
Current accrued benefit:		Vested status:	
Estimated full retirement benefit:		Early retirement benefits available?	
<b>Is your spouse/partner covered by an employer pension plan?</b>			
Current accrued benefit:		Vested status:	
Estimated full retirement benefit:		Early retirement benefits available?	
<b>How much other annual income will be available to you and your spouse/partner during retirement? (Specify source, and include Social Security, annuities, etc.)</b>			
<b>Do you or your spouse/partner plan to work part time during retirement?</b>			
<b>What level of annual income will you need to maintain an acceptable standard of living during retirement?</b>			
<b>Do you plan to relocate when you retire? Where?</b>			

## | Investment Planning

### Investor Profile

Please answer the following questions.

1. What is the primary goal for your portfolio?

- To protect capital (1)     
  To generate stable income (2)     
  To fund a major expenditure (3)  
 To accumulate wealth (4)     
  To achieve a different goal not listed above (5)

2. Over what period do you expect to fulfill your goals?

- Less than 1 year (1)     
  1 to 5 years (3)     
  5 to 10 years (5)

3. Risk Aversion – When making decisions do you give more emphasis on gains or losses?

- Potential losses only (1)     
  Potential losses more than     
  Balanced between gains and losses (3)  
 Potential gains more than     
  Potential gains only (5)

4. Disposition Towards Risk – What would you consider your willingness to accept risk?

- Low (1)     
  Below Average (2)     
  Average (3)  
 Above Average (4)     
  High (5)

5. Risk Tolerance – What would you consider your ability to accept risk?

- Low (1)     
  Below Average (2)     
  Average (3)  
 Above Average (4)     
  High (5)

6. Volatility – What degree of returns volatility do you believe you can tolerate?

- Low (1)     
  Below Average (2)     
  Average (3)  
 Above Average (4)     
  High (5)

7. Drawdown – What is the maximum loss you would be able to tolerate in a financial crisis?

- Less than 10% (1)     
  No more than 20% (2)     
  No more than 30% (3)  
 No more than 40% (4)     
  50% or more (5)

8. Loss Persistence – How long would you be able to tolerate sustained losses in your portfolio?

- Less than 1 year (1)     
  1 to 5 years (3)     
  5 to 10 years (5)

9. Liquidity Constraints – What statement best fits your need to withdraw funds from your portfolio?

- I require funds to be available within one year (1)  
 I may require some funds to be available within one year (2)  
 I don't anticipate a need but would like a small portion available for emergencies (3)  
 It is unlikely that I will need any funds over the next one to three years (4)  
 It is unlikely that I will need any funds over the next three or more years (5)

9 to 16	Income with Capital Preservation
17 to 24	Income with Moderate Growth
25 to 32	Growth with Income
33 to 40	Growth

TOTAL SCORE: \_\_\_\_\_

## | Investment Planning

### Investment Attitudes and Preferences

Please indicate whether you agree or disagree with the following statements.

Statement	Agree	Disagree
I am uncomfortable with any significant fluctuation in my portfolio.		
I monitor my investments frequently.		
It's important that my investments grow faster than inflation, even if my investments aren't 100% safe.		
I prefer mutual funds or exchange-traded funds to individual stocks or bonds.		
I prefer investing in large, stable companies.		
I would be uncomfortable if my investment income varied substantially from month to month.		
I feel comfortable with aggressive growth investments.		
I consider myself a risk taker.		
I would describe myself as a "buy and hold" investor.		
In my household, I am the sole decision-maker about investments.		
I prefer to invest more conservatively than my spouse/partner.		
I feel comfortable using leverage when investing.		
My family has no difficulty maintaining a financial cushion for emergencies.		
I am optimistic about the world economy.		
I use dollar-cost averaging (regularly investing equal amounts of money in a single investment).		
Notes		

## | Investment Planning

### Current Asset Allocation

Please enter the information for all investments you currently own.

Client			
Asset	Cost Basis (if known)	Current Value	Description/Details
Cash and Cash Equivalents (CDs, Money Market)			
Stocks or Stock Mutual Funds/ETFs			
Taxable Bonds or Bond Funds/ETFs			
Tax-Free Bonds or Bond Funds/ETFs			
Other Mutual Funds/ETFs			
Real Estate/REITs			
Options			
Derivatives			
Precious Metals/Gems			
Collectibles			
Other (specify in Description/Details)			
	<b>Total:</b>		
Notes			

# | Investment Planning

## Current Asset Allocation

Please enter the information for all investments your spouse/partner currently owns.

Asset	Spouse/Partner		
	Cost Basis (if known)	Current Value	Description/Details
Cash and Cash Equivalents (CDs, Money Market)			
Stocks or Stock Mutual Funds/ETFs			
Taxable Bonds or Bond Funds/ETFs			
Tax-Free Bonds or Bond Funds/ETFs			
Other Mutual Funds/ETFs			
Real Estate/REITs			
Options			
Derivatives			
Precious Metals/Gems			
Collectibles			
Other (specify in Description/Details)			
	<b>Total:</b>		
<b>Notes</b>			

## | Investment Planning

### Investment History and Experiences

Please answer the following questions.

<b>Are there any investments or companies you would avoid for ethical, social, or political reasons?</b>		
<b>What investments have you made in the past that you have been pleased with? Why?</b>		
<b>What past investments have not pleased you? Why?</b>		
<b>Have you ever sold an investment when its price was down and later regretted doing so? What was it?</b>		
<b>Have you experienced losses during an extended (one year +) bear market? When and how much?</b>		
<b>Do you subscribe to any financial newsletters, websites, or other financial publications? Which ones?</b>		
<b>What is your most important current source of financial information or advice?</b>		
Newspaper(s)	Family or friends	Professional advisor(s) (e.g., attorney, accountant)
Television	Employer Supplies Information	Business/financial magazine(s)
Financial Website		

## | Estate Planning

Please check the correct response.

	Client		Spouse/ Partner	
	Yes	No	Yes	No
<b>Do you have an up to date:</b>				
Will?				
Power of Attorney for Property?				
Health Care Directives?				
Living Trust?				
Other Trust?				
Beneficiary Designations?				
Estate Plan?				
Business Succession Plan?				
Letter of Instruction?				
Do you keep your important documents in a safe deposit box?				
If so, does someone other than your spouse has access to it?				
<b>Notes</b>				

## | Estate Planning

Please answer the following questions.

<b>Do you have children from a previous marriage?</b>
<b>Do you have a child with special needs?</b>
<b>Do you have a pre- or post-marital agreement?</b>
<b>Are there any trusts which give you a power of appointment?</b>
<b>Are you worried about probate?</b>
<b>Are you concerned about your spouse/partner's ability to handle finances?</b>
<b>Are you concerned about how your descendants will spend their inheritances?</b>
<b>Do you have property outside the United States?</b>

## | Estate Planning

Please answer the following questions.

<b>Are you concerned about minimizing transfer taxes?</b>
<b>Are you charitably inclined?</b>
<b>Is asset protection a concern?</b>
<b>Are you interested in multi-generational planning?</b>
<b>Have you ever filed a gift tax return?</b>
<b>Do you anticipate receiving a significant inheritance?</b>
<b>If you have a minor child, have you named a guardian/trustee in your will?</b>

“Taxes, after all, are the dues we pay for the privileges of memberships in an organized society.”  
 ~ Franklin D. Roosevelt

## | Tax Planning

Please check any of the following items that apply.

- I have self-employment income.
- I have been subject to the Alternative minimum Tax (AMT) in past years or expect to be this year.
- I have loss carryovers from prior years.
- I have income from a non-U. S source.
- I have unexercised stock options or have exercised options in the current tax year.
- I currently employ a nanny or other domestic help.
- I am currently working with a tax professional
- I am not a U.S citizen.
- My spouse is not a U.S citizen.

Please rate how important the following tax concerns are to you, 5 being the most important, 1 being the least important.

Concern	1	2	3	4	5
Year-end tax planning					
Planning for the alternative minimum tax (AMT)					
Personal residence and vacation home tax planning					
Marriage, divorce, and related concerns					
Starting, operating, or transferring a business					
Investment tax planning					
Charitable giving					
Other (specify)					

## | Tax Planning

Please answer the following questions.

<b>Have you had, or are you currently undergoing a tax audit?</b>
<b>Are you currently delinquent in filing a tax return, or do you owe the state or federal government for prior year taxes?</b>
<b>What is your filing status?</b>
<b>What is your effective federal income tax rate?</b>
<b>What is your effective state income tax rate? Which state(s)?</b>
<b>Have you ever invested in a tax shelter?</b>
<b>Notes</b>

## | Business Owner

### Information About Existing Business

Please answer the following questions.

<b>What is the legal form of your business (corporation, partnership, LLC, etc.)?</b>
<b>Are there other owners? If yes, what percentage of the business do you own?</b>
<b>How many years has the business been operating?</b>
<b>Is your business publicly traded?</b>
<b>What were your most recent annual revenues? Profits/losses?</b>
<b>What are the products or services your business provides?</b>
<b>What is the current market value of your business?</b>
<b>Do you have employees? If yes, how many?</b>
<b>Does your business sponsor a retirement plan?</b>
<b>Is there a legal written business succession plan in place?</b>

## | Business Owner

### Starting a Business

Please rate how important the following concerns are to you, 5 being the most important, 1 being the least important.

Concern	1	2	3	4	5
Assessing the viability of a business					
Preparing a business plan					
Choosing a form of entity					
Choosing and researching the availability of a business name					
Estimating your start-up costs					
Determining financing needs					
Establishing a line of credit					
Identifying the financial risks					
Assembling a professional team (financial planner/attorney/ accountant/ banker/insurance agent)					
Obtaining facilities for operations					
Hiring employees					
Obtaining required licenses					
Protecting intellectual property rights					
Marketing your product					
Establishing a retirement plan					
Establishing a successor business plan					
Determining insurance needs					
Tax considerations					
Other (specify below)					
<b>Notes</b>					

## | Business Owner

### Business Succession Planning

Please rate how important the following concerns are to you, 5 being the most important, 1 being the least important.

Concern	1	2	3	4	5
Ensure the continuation of the business					
Keep the business in the family					
Provide a smooth transition of management responsibilities					
Minimize income and transfer taxes					
Equalize transfers to children					
Provide job security to key employees					
Ensure future financial security for yourself and your spouse/partner					
Keep family harmony					
Prepare a short-term contingency plan					
Other (specify below)					
Notes					

The opinions voiced in this material are for general information only and are not intended to provide specific advice or recommendations for any individual. To determine which investment(s) may be appropriate for you, consult your financial advisor prior to investing. All performance referenced is historical and is no guarantee of future results. All indices are unmanaged and cannot be invested into directly.

The information provided is not intended to be a substitute for specific individualized tax planning or legal advice. We suggest that you consult with a qualified tax or legal advisor.

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