

FACT FINDER FOR FINANCIAL ANALYSIS

Spouse/Partner DOB Place of Birth En Occupation En Work # Cell # Fax # Email Driver's License # Actions (Office Use Only)	nployer
Occupation En Work # Cell # Fax # Email Driver's License #	nployer
Work # Cell # Fax # Email Driver's License #	
Cell # Fax # Email Driver's License #	
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Email Driver's License #	
Driver's License #	
	State
Actions (Office Use Only)	5tate

800 West 47^{th} Street, Suite 510, Kansas City MO 64112 \sim 453 E. Wonderview Avenue, PMB #140, Estes Park CO 80517 Phone 816-931-2668 \sim Fax 816-931-2776 \sim Toll Free 866-931-2668

II. ESTATE PLANNING INFORMATION Wills Complete? ______ Date Executed? _____ State ____ Powers of Attorney? _____ Date Executed? ____ State ____ Trusts: Full Name ______ III. ADVISORS Accountant _____ Attorney _____ Auto/Home Owners Insurance Agent ______

At what age do you wish to retire? In Today's dollars, how much income do you want per month at retirement?

What do you want in a financial advisor?

What is your most pressing concern(s)?

Relatives/Close Friends _____

	Age	Amount
Option 1		
Option 2		
Option 3		

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IV. FINANCIAL INFORMATION **Salary \$____** Salary \$ **Commission \$** Commission \$ Bonus \$_____ Bonus \$_____ Business \$_____ **Business \$_____** Pension \$_____ Pension \$_____ **Pension \$_____** Pension \$_____ **Contracts \$_____ Contracts \$_____** Interest Income \$_____ Interest Income \$_____ **Dividends \$____** Dividends \$_____ Annuity Income \$_____ Annuity Income \$_____ **Other Income \$_____** Other Income \$ V. LIABILITIES Market Value of Home \$_____ Interest Rate _____%

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VI. INVESTMENTS/SAVINGS ACCOUNTS

PRODUCT NAME	CURRENT	IRA/410(k)/	Current Rate	Maturity
& TYPE	VALUE	403 (b), etc		Date
List of Product/Account	1 T			

List of Product/Account Types

A. Do you have any pending lifestyle or work related changes which will effect your present Retirement, job change, move, change in benefits, etc?	
B. College Funds; Present and Future	
C. If we should find additional needs to complete your program, how much can you commi	t to on a

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^{*}Certificates of Deposit *Checking Account *Savings/Passbook *Cash Value Life Insurance *Mutual Funds *Savings Bonds *Stocks/Bonds *Stock Options *Treasury Bonds/Notes *IRA's * 401(k) *Annuities

VII. INSURANCE

A. Life Insurance

Diagnosis_____

Diagnosis_____

Diagnosis_____

Policy #		Dat Issu		Comp	any	Type	Amou	ınt	Premi	um	Cash Value
Insured											
Policy #		Date Issued	Con	mpany	Tyj	pe A	Amount	P	remium	C	ash Value
3. <i>Disability II</i> Insured	nsurance				1			•		1	
Policy #	Date Issue	ed Compa	nx,	Bene	of:4	Period	Wait		Trme		Premium
т опсу п	Date Issue	cu Compa	шу	Den	em	reriou	wan		Type		Premum
топсу п	Date Issue	cu Compa	iiiy	Den	em	reriou	wait		Туре		Premum
C. Long Term Insured	Care Insurar	nce_						Dway		Inflation	
C. Long Term Insured				nefit	Period		TQ/ NTQ	Pre	mium	Inflation Rider	10 Yr Pay
C. Long Term	Care Insurar Date Issued	nce Company	Bei	nefit	Period	l Wait	TQ/ NTQ		mium	Rider	10 Yr Pay
C. Long Term Insured Policy # Do you have h	Care Insurar Date Issued	nce Company	Ber	nefit	Period	l Wait	TQ/ NTQ		mium	Rider	10 Yr Pay
C. Long Term Insured Policy # Do you have h	Date Issued Issued Non	Company ms which con-Smoker	Ber	nefit	Period	l Wait	TQ/ NTQ	r affe	mium ect your	Rider insural	10 Yr Pay bility?
C. Long Term Insured Policy # Do you have held the service of the	Date Issued Issued Non	Company ms which con-Smoker	Ber	nefit	Period	l Wait	TQ/ NTQ	r affe	mium ect your	nider insural	10 Yr Pay

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_______ Medication______

_______ Medication______

_____ Medication_____

Securities offered through Moloney Securities Co., Inc – Member FINRA-SIPC