COPPERLINE

WEALTH MANAGEMENT & PLANNING

FACT FINDER

Household Information

Client Name: ______________________ Date of Birth: ___/___/___ Email: ______________________

Phone Numbers: ______________ (HOME) ______________ (CELL) ______________ (WORK)

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Spouse Name: ______________________ Date of Birth: ___/___/___ Email: ______________________

Phone Numbers: ______________ (HOME) ______________ (CELL) ______________ (WORK)

Address: ____

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DEPENDENTS, FAMILY, & KEY INDIVIDUALS

Name	Relationship	Date of Birth	Marital Status	Spouse Name	Date of Birth

EDUCATION SAVINGS GOALS

Name/Savings Type	Purpose	Annual Amount	Target Start Date	Target End Date	Monthly Savings

INCOME, EXPENSES, LIABILITIES & GOALS

INCOME

	Owner	Annual Amount	Starts	Ends
Salary				
Salary				
Other				
Other				
Client Social Security				
Spouse Social Security				
Bonus				
Bonus				
Expected Raises				
Expected Raises				

EXPENSES (LIVING EXPENSES IN EXCESS OF LIABILITIES)

Current	Retirement	Desired Income in the Event of Death: Client's Death	Spouse Death

LIABILITIES

Mortgage/Loans	Property	Monthly Payment	Original Balance	Current Balance	Interest Rate	Loan Term

GOALS

Name	Total/Annual Amount	Frequency	Type	Starts	Ends	Monthly Savings

CLIENT EXPECTATIONS

WHAT DO YOU THINK IS REASONABLE?

	Retirement Age	Life Expectancy
Client		
Spouse		

RETIREMENT ACCOUNTS (IRA'S, ROTH'S & DEFERRED COMP *Please Include Statements

Owner	Account Type/Name	Custodian	Current Value	Contribution	Match

ANNUITIES *Please Include Statements

	Policy 1	Policy 2
Policy Owner(s)		
Annuitant(s)		
Beneficiary(s)		
Purpose of Policy		
Policy Number		
Tax Qualification		
Policy Type (Fixed, Immediate, Variable, Fixed Indexed)		
Current Account Value		
Current Surrender Value		
Current Death Benefit		
Policy Features		

NON-RETIREMENT/CASH ACCOUNTS *Please Include Statements

Owner	Account Type/Name	Custodian	Current Value	Monthly Contribution	Match

REAL ESTATE & PERSONAL PROPERTY

This category includes all of your real estate as well as items of significant value, such as heirlooms, collectibles, or jewelry. Take a moment to inventory everything you've accumulated and value it here.

Property Name/Type	Current Value	Owner

FINANCIAL TEAM

Financial Advisor	Phone	Email	☐ Business ☐ Personal
Accountant	Phone	Email	☐ Business ☐ Personal
Estate Planner	Phone	Email	☐ Business ☐ Personal
Attorney	Phone	Email	☐ Business ☐ Personal
Insurance Agent	Phone	Email	☐ Business ☐ Personal

PERSONAL INSURANCE

LIFE INSURANCE *Please Include Statements

	Policy 1	Policy 2
Owner		
Insured(s)		
Beneficiary(s)		
Purpose of Policy		
Policy Number		
Carrier		
Policy Type (Term, UL, WL, Var.)		
Current Death Benefit		
Current Cash Value		
Annual Premium		
Years to Pay Premium		
Years of Death Benefit Left		

LONG TERM CARE INSURANCE *Please Include Statements

	Policy 1	Policy 2
Policy Name		
Policy Features		
Insured		
Benefit Amount/Frequency		
Annual Premium		

DISABILITY INSURANCE *Please Include Statements

	Policy 1	Policy 2
Policy Name		
Policy Type		
Insured		
Benefit Amount/Frequency		
Annual Premium		
Is Benefit Taxable?		

PROPERTY & CASUALTY

	Auto	Home/Renters	Umbrella
Coverage			
Carrier			

ESTATE PLANNING

REVOCABLE TRUSTS

Trust Names	Type (Rev./Irrev.)	Trustee(s)

ADDITIONAL DOCUMENTS

	Client		Spouse	
Will	☐ Yes	☐ No	☐ Yes	☐ No
Durable Power of Attorney	☐ Yes	☐ No	☐ Yes	☐ No
Advanced Directive/Living Will	☐ Yes	☐ No	☐ Yes	☐ No
Guardianship for minors	☐ Yes	☐ No	☐ Yes	☐ No
Guardianship for special needs	☐ Yes	☐ No	☐ Yes	☐ No

OTHER NOTES