



## Supporting Household Information

Financial Professional: \_\_\_\_\_

Financial Professional: \_\_\_\_\_

Primary Entity Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
State of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Resident State: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Spouse/Partner Legal Name: \_\_\_\_\_  
Relationship to Primary: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
State of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Resident State: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Investment Experience:

Cash/Checking: \_\_\_\_\_ Savings/CDs: \_\_\_\_\_ Bonds/Funds: \_\_\_\_\_  
Mutual Funds/Stocks: \_\_\_\_\_ Annuities: \_\_\_\_\_ IRA/SEP: \_\_\_\_\_  
401(k): \_\_\_\_\_ Real Estate: \_\_\_\_\_ Other: \_\_\_\_\_

### Financial Summary:

Total Assets: \_\_\_\_\_ Net Worth: \_\_\_\_\_ Tax Bracket: \_\_\_\_\_  
Total Income: \_\_\_\_\_ Liquid Net Worth: \_\_\_\_\_

### Financial Priorities/Investment Objectives:

Please check ALL that apply

- Managing Risk
- Accumulating for Future
- Financial Independence
- Wealth Preservation
- Tax Relief

### Investment Risk Preference:

Please check ONE

- 1. Conservative
- 2. Conservative/Moderate
- 3. Moderate
- 4. Moderate/Aggressive
- 5. Aggressive

### Investment Time Horizon:

Please check ONE

- Short (0-3 yrs.)
- Medium (3-7 yrs.)
- Long (> 7 yrs.)

### Next Meeting/Discussion

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Time: \_\_\_\_\_



# Asset-Map<sup>®</sup> Fact Finder

Household Name \_\_\_\_\_

Date \_\_\_\_\_

**6Ls**

## What is the household's plan to deal with the following events?

The following is a list of 6 events that commonly change the course of financial well-being.

	Plan	No Plan	Modify	Details
<b>1. Liquidity Needs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Current Monthly Expenses (after-tax) 3-6 months <small>(i.e. Core Living Expenses)</small>				
B. Comfort Liquidity Reserve <small>(i.e. Amount desired to "sleep at night")</small>				
<b>2. Long-Term Disability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Monthly Expense Needed to Live (after-tax) <small>(i.e. Living Expenses, Lost Retirement Savings)</small>				
B. Planned Capital Expenses <small>(i.e. Education Funding, Home Modification)</small>				
<b>3. Loss of Life</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Debt Repayment Obligations <small>(i.e. Mortgage, Credit Card, Loans)</small>				
B. Planned Capital Expenses <small>(i.e. Final Expenses, Education, Emergency Res. Legacy)</small>				
C. Required Income Replacement <small>(i.e. Lifetime Income, Transitional Income)</small>				
<b>4. Long-term Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Daily Expense Needed <small>(i.e. Facility Expenses, In-home care)</small>				
B. Expected Capital Expenses <small>(i.e. Home Modification, Training, Coordination)</small>				
<b>5. Longevity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Annual Expense Needed to Live (after-tax) <small>(i.e. Living Expenses, Education Funding, Medical Expenses)</small>				
B. Desired Capital Expenses <small>(i.e. Vacation Home)</small>				
<b>6. Legal, Liability, &amp; Legacies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wills				
Trusts				
Creditors				
Predators				
Asset-Protection Concerns				
Liability Coverages				
Special Needs Dependents				

Legal Entities: Dependents, Supporters, Other Significant People

Name			
DOB			
Relationship			

Businesses

Name
Legal Structure
Inception Date
Name
Legal Structure
Inception Date

Trusts

Name
Purpose
Inception Date
Name
Purpose
Inception Date

Charitable Organizations

Name
Purpose
Inception Date
Name
Purpose
Inception Date

Advisors

Legal Advisor
Tax Advisor
Investment Advisor
Insurance Advisor

NOTES:

INCOME SOURCES

	Reference Name Income Source Annual Amount

Contribution Match

	Reference Name Asset Location Value
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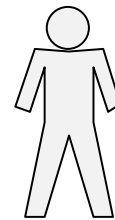
RETIREMENT ASSETS


Non-RETIREMENT ASSETS

	Reference Name Asset Location Value

INSURANCE POLICIES: Life, Long-term Disability Income, Long-term Care

	Reference Name Insurance Carrier Benefit Amount	



Name  
DOB  
Relationship



Name  
DOB  
Relationship

	Reference Name Asset Location Value	

TANGIBLE and JOINT ASSETS and LIABILITIES

INCOME SOURCES

	Reference Name Income Source Annual Amount

Contribution Match

	Reference Name Asset Location Value
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RETIREMENT ASSETS


Non-RETIREMENT ASSETS

	Reference Name Asset Location Value

NOTES: