



# Comprehensive Fact Finder

*Prepared for:*

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*Provided by:*

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## Personal and Family Information

Name:	
Address (Home):	
Address (Business):	
Phone (Home):	Client:
	Spouse:
Phone (Cell):	Client:
	Spouse:
Phone (Business):	Client:
	Spouse:
E-Mail Address:	Client:
	Spouse:

## Professional Advisors

	Name	Address	Phone
Insurance Agent			
P&C Agent			
Attorney			
Accountant			
Trust Officer			
Other Bank Officer			
Stockbroker			
Other			

## Family Information

Name	Date of Birth	Citizenship	Occupation	Health Problems or Special Needs	No. and Age of Grand-children	Amount of Support by Client/ Spouse
Client						
Spouse						
<b>Client's Children (indicate if by prior marriage, adopted or stepchild)</b>						
<b>Client's Family (parents, brothers, sisters, etc)</b>						
<b>Spouse's Family (parents, brothers, sisters, etc)</b>						



# Assets

(Other than Life Insurance and Business Interests)

ASSETS	CURRENT VALUE	COST OR OTHER BASIS	OWNERSHIP %			SECURED DEBT	DATE ACQUIRED	ANNUAL INCOME
			H	W	C			
Primary Residence								
Secondary Residence								
Other Real Estate								
Bonds -- Corporate								
Bonds -- Municipal								
Bonds -- Government								
Stocks -- Listed								
Stocks -- Unlisted								
Mutual Funds								
Bank Accts - - Savings								
Balance Checking								
Personal Property								
Autos and Boats								
Collections - - Hobby								
Jewelry - Furs - Art								
Interests in Trusts								
Mortgages & Notes								
Other Assets								

\* H = Husband; W = Wife; C = Children; For Jointly Owned Property, Indicate % Under Appropriate Column

## Income and Capital Needs

### Income Needs at Death

What is your estimate of the monthly income that will be needed for:

A. Surviving Spouse and Dependent Children Following Client's Death:

(1) Adjustment Period (adjustment of standard of living without your income during the transitional period following your death)

(\_\_\_\_\_) years

\_\_\_\_\_

(2) Until your youngest child is self-supporting

\_\_\_\_\_

(3) To provide life income for surviving spouse after your youngest child is self-supporting

\_\_\_\_\_

B. Client and Family:

(1) To provide family income in the event of you are seriously disabled

\_\_\_\_\_

(2) Lifetime retirement income beginning at age \_\_\_\_\_

\_\_\_\_\_

### Capital Needs at Death

Emergency Fund

\_\_\_\_\_

Final Expenses

\_\_\_\_\_

Mortgage Cancellation Fund

\_\_\_\_\_

Notes and Loans Payable

\_\_\_\_\_

Estate Taxes/Administrative Costs

\_\_\_\_\_

Accrued Taxes (income, real estate, etc.)

\_\_\_\_\_

Education Expense

\_\_\_\_\_

**TOTAL**

\_\_\_\_\_

Will Basic Health Care and Major Medical Coverage be continued:

For your spouse and children after your death?

For you, after retirement?

# Insurance

## Life Insurance

*Suggestion: Review policies and most recent policy anniversary premium notices.*

Insurer				
Insured				
Death Benefit				
Premium Amount and Mode				
Date of Issue				
Type Policy				
Owner of Policy/Premium Payor				
Policy Number				
Cash Value and Date				
Loans Outstanding				

Are any of the above policies issued other than on a standard or preferred basis? Yes      No

## Disability Income Insurance

Insurer				
Insured				
Benefit—Amount/Duration				
Premium Amount and Mode				
Date of Issue				
Type Policy (Non-Can, G.R., other)				
Owner of Policy/Premium Payor				
Policy Number				
Any Health/Occupation Exclusions				
Definition of Disability				

## Health Care Insurance

Insurer or Service Type Plan				
Insured				
Benefits (Rm & Bd., Overall Max)				
Premium Amount and Mode				
Date of Issue				
Type Policy (Hosp., Major Med)				
Premium Payor				
Policy Number				
Any Health/Occupation Exclusions				

## Long-Term Care Insurance

Insurer				
Insured				
Covered Services/Where Payable				
Benefit Amount/Duration				
Premium Amount and Mode				
Elimination (Waiting) Period				
Maximum Lifetime Benefit?				
Guaranteed Renewable?				
Inflation Adjustment?				
Date of Issue				
Premium Payor				
Policy Number				

## Property & Casualty Insurance

Insurer				
Type				
Premium Amount and Mode				
Deductible				
Renewal Date				
Policy Number				

## Investment Feelings and Preferences

Please indicate which of the following are closest to your investment feelings.

I am very conservative. I am willing to give up a potentially higher rate of growth in exchange for knowing my money will be available when needed.

I am a moderate risk taker. I would like an investment that is aimed at protecting my money but, at the same time, would offer some growth potential.

I believe in a balanced investment portfolio with some of my money guaranteed and some of it in higher risk/return investments.

I am very aggressive. I am willing to seek very high growth even with the possibility of high loss.

From the following list of investment objectives, indicate your preferences in order (1 through 8) of those most important to you.

Liquidity ( <i>availability of cash when needed</i> )	_____	Income Tax Deferral/Relief	_____
Current Income	_____	Capital Growth	_____
Future Income	_____	Safety of Principal	_____
Inflation Protection ( <i>protecting purchasing power</i> )	_____	Other: _____	_____

Please indicate your preference for savings and investment vehicles by rating the following list on a scale of 1 to 5, with 1 being strong preference and 5 slight. (*Line out those investments or savings devices you do not prefer at all.*)

	Preference	Check If Now Using	Check If Unfamiliar
Savings Account	_____		
Cash Value of Life Insurance	_____		
Government Bonds	_____		
Corporate Bonds	_____		
Tax-Exempt Bonds	_____		
Mutual Funds	_____		
Variable Annuities	_____		
Common Stocks	_____		
Real Estate	_____		
Tax Shelters	_____		
Other ( <i>specify</i> ) _____	_____		



# Required Documents

Data Required		Receipt		
<b>PERSONAL DATA:</b>	<b>Items Needed</b>	<b>PERSONAL DATA</b>	<b>Check When Received</b>	<b>Client Check When Returned</b>
Your Will		Your Will		
Spouse's Will		Spouse's Will		
Trust Agreement(s)		Trust Agreement(s)		
Tax Returns ( <i>latest plus previous 4 years</i> )		Tax Returns ( <i>latest plus previous 4 years</i> )		
Insurance Policies		Insurance Policies		
Company	Policy Number	Company	Policy Number	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Information Booklet – Pension Plan		Information Booklet – Pension Plan		
Other Employee Benefits Booklets		Other Employee Benefits Booklets		
Employment Contract		Employment Contract		
Deferred Compensation and/or Income Continuation Contract		Deferred Compensation and/or Income Continuation Contract		
<b>BUSINESS DATA:</b>		<b>BUSINESS DATA:</b>		
Buy-Sell Agreement		Buy-Sell Agreement		
Balance Sheet ( <i>latest plus previous 4 years</i> )		Balance Sheet ( <i>latest plus previous 4 years</i> )		
P&L Statement ( <i>latest plus previous 4 years</i> )		P&L Statement ( <i>latest plus previous 4 years</i> )		
Insurance Policies		Insurance Policies		
Company	Policy Number	Company	Policy Number	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Received by:		Received by:		
Date:		Date:		

## Employee Benefit Programs Questionnaire: Client

### Current Employee Benefit Plans

Whenever possible, agreements and supporting documents should be secured for review.

#### A. Life, Health and Disability Insurance Plans

Individual Policies

Group Insurance

Association Plan

Insurance Company(s)

Other Carriers (*past 5 years*)?

---

Describe Plan – (*Eligibility, Benefits, Employee Contributions, Cost, etc.*)

#### B. Retirement Plans

Keogh Plan

IRA

TSA

Other:

Pension Plan

Profit-Sharing Plan

401(k)

Thrift Plan

Date(s) Established? \_\_\_\_\_

Who Provides Administration? \_\_\_\_\_

Describe Plan – (*Eligibility, Benefits, Cost, Employee Contributions, Vesting*)

#### C. Selective Benefit Plans

Split Dollar

Salary Continuation

Deferred  
Compensation

Sick Pay Plan

Non-Qualified Retirement

Travel Accident

Other:

Describe Plan – (*Eligibility, Benefits, Cost, Employee Contributions, Vesting*)

## Employee Benefit Programs Questionnaire: Client

### Employee Benefit Profile

- A. What do you like most/least about your present employee benefit program?
- B. Regarding other employee benefit programs that your firm has either had in effect but discontinued or considered and decided not to adopt, what were the main reasons for such action?
- C. If your company was to consider adopting a new employee benefit program now or in the future, what would be your thinking and priorities regarding the following?

- |                          |   |
|--------------------------|---|
| Current Tax Deduction    | Ability to Pick and Choose Participants |
| Current Outlay           | Ease of Administration                  |
| Ultimate Cost            | Flexibility in Deposits                 |
| Company Control of Funds | Amount of Govt. Reporting/Disclosure    |
| Employee Contributions   |   |

- D. Assuming a plan were designed to your satisfaction, how much would you like to allocate to such a program?

	After Tax	Before Tax
\$ Per Year		
% of Payroll		

- E. What do you estimate to be your company's current marginal income tax bracket? \_\_\_\_\_ %
- F. Other Comments:

## Employee Benefit Programs Questionnaire: Spouse

### Current Employee Benefit Plans

Whenever possible, agreements and supporting documents should be secured for review.

#### A. Life, Health and Disability Insurance Plans

Individual Policies

Group Insurance

Association Plan

Insurance Company(s)

Other Carriers (*past 5 years*)?

---

Describe Plan – (*Eligibility, Benefits, Employee Contributions, Cost, etc.*)

#### B. Retirement Plans

Keogh Plan

IRA

TSA

Other:

Pension Plan

Profit-Sharing Plan

401(k)

Thrift Plan

Date(s) Established? \_\_\_\_\_

Who Provides Administration? \_\_\_\_\_

Describe Plan – (*Eligibility, Benefits, Cost, Employee Contributions, Vesting*)

#### C. Selective Benefit Plans

Split Dollar

Salary Continuation

Deferred  
Compensation

Sick Pay Plan

Non-Qualified Retirement

Travel Accident

Other:

Describe Plan – (*Eligibility, Benefits, Cost, Employee Contributions, Vesting*)

## Employee Benefit Programs Questionnaire: Spouse

### Employee Benefit Profile

- A. What do you like most/least about your present employee benefit program?
- B. Regarding other employee benefit programs that your firm has either had in effect but discontinued or considered and decided not to adopt, what were the main reasons for such action?
- C. If your company was to consider adopting a new employee benefit program now or in the future, what would be your thinking and priorities regarding the following?

- |                          |   |
|--------------------------|---|
| Current Tax Deduction    | Ability to Pick and Choose Participants |
| Current Outlay           | Ease of Administration                  |
| Ultimate Cost            | Flexibility in Deposits                 |
| Company Control of Funds | Amount of Govt. Reporting/Disclosure    |
| Employee Contributions   |   |

- D. Assuming a plan were designed to your satisfaction, how much would you like to allocate to such a program?

	After Tax	Before Tax
\$ Per Year		
% of Payroll		

- E. What do you estimate to be your company's current marginal income tax bracket? \_\_\_\_\_ %
- F. Other Comments:

# Business Information Questionnaire

## I. GENERAL INFORMATION

A. NAME OF FIRM \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Interview With \_\_\_\_\_

Name	Title	Extension
_____	_____	_____
Name of Secretary/Receptionist		Extension
_____	_____	_____

B. NATURE OF BUSINESS \_\_\_\_\_

C. ORGANIZATION

Sole Proprietorship	Partnership	Public Corporation	Close Corporation
S Corporation	P Corporation	Tax-Exempt	Limited Liability Co.

Business History:

Date Established: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Future Plans:

Date Change Expected: \_\_\_\_\_

Accounting Year End \_\_\_\_\_ Method: Cash Accrual

Month/Day

Number of Employees:	Now			Last Year			5 Years Ago			Estimate 2 Years Future		
	Hourly	Salaried	Other	Hourly	Salaried	Other	Hourly	Salaried	Other	Hourly	Salaried	Other
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

D. ADVISORS:

Attorney \_\_\_\_\_

Accountant \_\_\_\_\_

Banker \_\_\_\_\_

Investment Advisor \_\_\_\_\_

Insurance Advisor \_\_\_\_\_

Other \_\_\_\_\_

## Business Information Questionnaire

### II. OWNERSHIP INFORMATION

#### A. PROPRIETORSHIP/PARTNERSHIP/LIMITED LIABILITY COMPANY

Owners	Date of Birth	Position	Health	% Owner-ship	Cost Basis for Interest	Date Acquired
1.						
2.						
3.						
4.						
5.						

#### B. CORPORATION CAPITALIZATION

Company Totals	Shares Authorized	Shares Issued	# of Voting Shares	Last Dividend per Share	Date Last Dividend
Common Stock					
Preferred Stock					
Other					
Notes					

#### STOCKHOLDERS

(List common and preferred stock separately.)

Name	Shares Owned	*	Current Value	Cost Basis	Date Acquired	Position	Health

\* Voting or Nonvoting

## Business Information Questionnaire

### III. COMPANY RETENTION OR DISPOSITION

- A. Is there in existence a Buy-Sell Agreement relative to the disposition of your business interest?
- Yes      No      (If "No," what do you want to happen to your business? Provide details under "Remarks" on next page.)
- B. If "Yes," what is the purchase price? \_\_\_\_\_ per share or \_\_\_\_\_ for your entire interest.
- C. Concerning the Agreement:
- |                   |                                    |              |                    |
|-------------------|------------------------------------|--------------|--------------------|
| (1) Type:         | Mandatory                          | Option       | First Offer        |
| (2) Operative at: | Death                              | Disability   | Retirement         |
| (3) Purchaser:    | Surviving Stockholders or Partners |              | Key Employee       |
|                   | Other: _____                       |              |                    |
|                   | Corporation (Redemption)           | Total        | Partial (Sec. 303) |
|                   | Partnership (Entity)               | Other: _____ |                    |
- (4) Is the purchase price determined by:
- Dollar Amount      Book Value      Formula: \_\_\_\_\_
- (5) Does purchase price realistically reflect value of business?      Yes      No
- (6) Does purchase price reflect good will?      Yes      No
- (7) Is Agreement funded?      Yes      No      If yes, indicate below:
- |                           |       |
|---------------------------|-------|
| Life Insurance Amount     | _____ |
| Disability Buy-Out Amount | _____ |
| Disability Income Amount  | _____ |
| Other ( <i>explain</i> )  | _____ |
- (8) Does Agreement restrict lifetime transfer of your stock/business interest?
- Yes      No      Explain: \_\_\_\_\_
- (9) Date Agreement Signed \_\_\_\_\_ Most Recent Review \_\_\_\_\_
- (10) Does Agreement conform with your present objectives?      Yes      No
- If not, provide details in "Remarks."
- D. If your business is not currently incorporated, do you plan to incorporate?
- Yes      When? \_\_\_\_\_      No
- E. Are there any Business Agreements in effect?      Yes      No
- If Yes, describe:



## Business Information Questionnaire

### III. COMPANY RETENTION OR DISPOSITION (continued)

F. Does your will contain any provision for the disposition or retention of your business interest?                      Yes          No          Please explain:

\*\*G. Does your will direct or authorize your executor to retain and run the business?  
Yes          No          Please explain:

\*\*H. Is there a fund to absolve your executor of debts and business losses?  
Yes          No          Please explain:

I. What are the names and ages of any relative or child who may enter the business?

(1) Do other stockholders or partners agree to such entry?          Yes          No

J. If a stockholder or partner should retire, what will happen to that person's business interest?

\*\* Applicable to sole proprietors and partners.

Please provide copies of all agreements and wills mentioned above.

### REMARKS

# Business Information Questionnaire

## IV. FINANCIAL DATA

### A. BALANCE SHEET

What is your estimate of the value of your business as a going concern? \_\_\_\_\_

What is your estimate of the value of your business if liquidated? \_\_\_\_\_

Assets		Liabilities	
Cash	_____	Accounts Payable	_____
Accounts Receivable	_____	Notes Payable	_____
Inventories	_____	Mortgage Loans Payable	_____
Real Estate	_____	Other	_____
Goodwill	_____		
Other	_____	Total Liabilities	_____
Total Assets	_____	Net Worth (Assets – Liabilities)	_____

### B. INCOME

Year	Corporate Income		Year	Partnership/Proprietorship
	Net Before Tax	Net After Tax		Net Business Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### C. BUSINESS INSURANCE IN FORCE

Insured	Company/ Policy #	When Purchased	Amount/ Kind	Owner/ Beneficiary	Purpose

## Confidential Employee Census Data

Name	Sex/ Smoker?	Date of Birth/ Date of Hire	Annual Compensation	Job Classification	Home Zip Code	No. of Depen- dents
1.	M F Y N	__/__/__ __/__/__				
2.	M F Y N	__/__/__ __/__/__				
3.	M F Y N	__/__/__ __/__/__				
4.	M F Y N	__/__/__ __/__/__				
5.	M F Y N	__/__/__ __/__/__				
6.	M F Y N	__/__/__ __/__/__				
7.	M F Y N	__/__/__ __/__/__				
8.	M F Y N	__/__/__ __/__/__				
9.	M F Y N	__/__/__ __/__/__				
10.	M F Y N	__/__/__ __/__/__				

## Important Information

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This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

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