

FACT FINDER

GENERAL INFORMATION	Client's Name	Date of Birth	Nicotine?	S.S. #	
		/ /	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Spouse's Name	Date of Birth	Nicotine?	S.S. #	
		/ /	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Residence Address				
	Home Phone	Work Phone	Cell Phone	Fax	
	Children	Date of Birth	Children	Date of Birth	
		/ /		/ /	
		/ /		/ /	
		/ /		/ /	
Gross Monthly Income		Risk Tolerance	Names to Appear on Report		
Client \$	Spouse \$	(low) 1 2 3 4 5 (high)			
Attorney's Name		Firm	Phone		
Accountant's Name		Firm	Phone		
CAPITAL ACCUMULATION	Current Available Assets	Stocks	Bonds	Mutual Funds	Other
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	What do you feel is a reasonable return on your investments? (%)				
	How much are you saving on a monthly basis?		Each year?		
\$		\$			
How much do you see your income increasing? (5%)					
Client		Spouse			
RETIREMENT	Retirement Age				
	Client:		Spouse:		
	Estimated gross monthly income needed in today's dollars.				
	\$				
	Approximately what do you expect per month from company retirement plans?				
	Client \$		Spouse \$		
Do you understand all your pension / 401(k) provisions?					
Y <input type="checkbox"/> N <input type="checkbox"/>					
LIFE INSURANCE	Existing Life Insurance in Force		Insurance Company	Annual Premium	
	Client			\$	
	Spouse			\$	
	Beneficiaries				
	When was the last time you reviewed the beneficiaries of your policies?				
	How did you arrive at the amount of insurance you have now?				
	What do you want your life insurance to do?				
	Pay Off Mortgage	Mortgage Balance	Pay Other Debts?	Provide College Fund?	
Y <input type="checkbox"/> N <input type="checkbox"/>	\$	Y <input type="checkbox"/> N <input type="checkbox"/> \$	Y <input type="checkbox"/> N <input type="checkbox"/>		
What percentage of your combined income would be necessary to maintain your current lifestyle? (65%)					
LONG-TERM PLANNING	Long-term Care Policy?				
	Y <input type="checkbox"/> N <input type="checkbox"/>				
		Daily Benefit	Annual Premium	Elimination Days	
	Client	\$	\$		
	Spouse	\$	\$		

CONFIDENTIAL INFORMATION

FACT FINDER

FACT FINDER CONTINUED...

DISABILITY	How much disability insurance do you have?		Your Spouse?			
	Total Monthly Benefit \$		Total Monthly Benefit \$			
	Group Coverage	Company	Group Coverage	Company		
	\$		\$			
	Individual Coverage	Company	Individual Coverage	Company		
\$		\$				
Who pays the premium, you or business?						
Percent of Monthly Income to Be Insured? (65% maximum)						
ESTATE PLANNING STRATEGIES	Do you believe your estate will be taxable?		What is your estimate of your total estate value?			
	Y <input type="checkbox"/> N <input type="checkbox"/>		\$			
	How much of these assets are in your name?		How much of these assets are in your spouse's name?			
	\$		\$			
	Do you have a will?	Date of will?	When was it last reviewed?			
	Y <input type="checkbox"/> N <input type="checkbox"/>	/ /	/ /			
	Do you have a trust?	Date of trusts?	When was it last reviewed?			
Y <input type="checkbox"/> N <input type="checkbox"/>	/ /	/ /				
Is there a charity you would like to remember?		Is there anyone who will need special care?				
Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>				
BUSINESS PLANNING	Name of Business		Nature of Business			
			Sole Prop <input type="checkbox"/> Partner <input type="checkbox"/> Corp <input type="checkbox"/> Prof C <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>			
	How long has the business existed?		What would happen to your business upon your death?			
	How did you get started in this business?					
	Salaries Required to Replace Owners		Average Book Value of Business	Estimated Business Value		
	\$		\$	\$		
Average Net Income From Business						
\$						
Owner Name(s)	% Ownership	Date of Birth	Nicotine	Health Status		
		/ /	Y <input type="checkbox"/> N <input type="checkbox"/>			
Existing Programs:	Buy/Sell	Stock Redemption	Key Person Insurance	Other		
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			
FRINGE BENEFITS	Do you have a qualified retirement plan?					
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	Do you have a supplemental or non-qualified plan?					
	Y <input type="checkbox"/> N <input type="checkbox"/>					
	How do you feel about providing for your employees' retirement?					
	Would you be interested in seeing how efficient a qualified plan would be for your company? Y <input type="checkbox"/> N <input type="checkbox"/>					
Please provide on a separate sheet of paper the following information for all employees:						
Name	Date of Birth	Date of Hire	Salary	% Ownership	1,000 hours	Y <input type="checkbox"/> N <input type="checkbox"/>
Who do you want to benefit?		How much do you want to give them?		What do you want to spend in total?		
		\$		\$		
Would you be interested in seeing a plan that would benefit only the key employees?						
Y <input type="checkbox"/> N <input type="checkbox"/>						
What other fringe benefits are provided for your employees?						
RECOMMENDATIONS	Do you know any of these people I plan on contacting?					
	What can you tell me about them?					
	Why would they be good contacts?					
	Name	Occupation	Phone	Why Contact?		
	Name	Occupation	Phone	Why Contact?		
Name	Occupation	Phone	Why Contact?			

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Confidentiality involves a set of rules or a promise usually executed through confidentiality agreements that limits access or places restrictions on certain types of information. Lawyers are often required by law to keep confidential anything pertaining to the representation of a client. The duty of confidentiality is much broader than the attorney–client evidentiary privilege, which only covers communications between the attorney and the client.

1.2.1. Confidential information (information constituting a commercial secret) - information of any nature (production, technical, economic, organizational and others), including the results of intellectual activity in the scientific and technical field, as well as information on the methods of carrying out professional activities that are valid or potential commercial value due to the fact that they are unknown to third.Â

1.3. In order to protect the confidentiality of information, the Employer is obliged Confidential information refers to items that should be kept private. This can include documents, images, or audio materials. Conversations are also commonly subject to privacy, especially in client-professional relationships. If information is not public then it generally has an owner, which can be an individual or an organization. In most cases, only the owner is permitted to share or authorize the sharing of private items.