



ALLEGIS ADVISOR GROUP

Short Fact Finder

Confidential

For use with Allegis business partners only. Not for use with the public.

Allegis Advisor Group | AllegisAG.com | 800-418-1788
10235 South Jordan Gateway, South Jordan UT 84095

AAG-170523-Short Fact Finder-v1.00

Family Information

Date: _____

ABOUT YOU

Name	Birth Date (mm/dd/yyyy)	Home Phone	Work Phone	Cell Phone
Street Address		City		State Zip
Employer	Job Title	Salary	Other Income	
Work Street Address		City		State Zip

ABOUT YOUR SPOUSE (if applicable)

Name	Birth Date (mm/dd/yyyy)	Home Phone	Work Phone	Cell Phone
Street Address		City		State Zip
Employer	Job Title	Salary	Other Income	
Work Street Address		City		State Zip

ABOUT YOUR CHILDREN (if applicable)

Name	Birth Date (mm/dd/yyyy)	Name	Birth Date (mm/dd/yyyy)
Name	Birth Date (mm/dd/yyyy)	Name	Birth Date (mm/dd/yyyy)
Name	Birth Date (mm/dd/yyyy)	Name	Birth Date (mm/dd/yyyy)

MISCELLANEOUS ITEMS

Is there anything in particular that you would like to discuss?	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year drafted: _____
Do you have an accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____	Do you have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, market value: _____ Mortgage balance: _____	
Loans and Debts Car: \$ _____ Personal Loans: \$ _____ Credit Card(s): \$ _____ Other: \$ _____	

FINANCIAL GOALS/PRIORITIES

Your most important financial goals?	Desired retirement age?	Desired annual retirement income?
Is providing children's education important to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount desired: \$ _____	Other	
How much more could you save on a regular basis?	Are you expecting a change in your current financial situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____	

Financial Data

LONG TERM CARE INSURANCE

Long Term Care Insurance on you or your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Long Term Care Insurance on you or your parents? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

DISABILITY INCOME INSURANCE

Family member insured	Company	Annual Premium	Coverage Amount

LIFE INSURANCE

Insured	Type	Company	Annual Premium	Coverage Amount

How did you arrive at the amount of coverage for the above policies?

How would you describe your savings habits? How much did you save last year?

Are you satisfied with your accumulations to date? Yes No In your opinion, what percentage of your income should be saved?

Notes

Plan or Product	Current Value	Annual Deposit	Comments
401(k) or 403(b)			
Company Retirement Plans			
Defe1Ted Compensation Plans			
IRAs (except ROTH)			
Stocks			
529 College Savings Plan			
Real Estate (except residence)			
Mutual Funds			
ROTH IRAs			
Life Insurance Cash Values			
Municipal Bonds			
Annuities			
Certificates of Deposit			
Money Market Funds			
Savings Accounts			
Other: _____			

Cash Needs

FINAL EXPENSES

(suggested amount \$15,000)

Client \$	Spouse \$
--------------	--------------

MORTGAGE FUND

Client \$	Spouse \$
--------------	--------------

DEBTS

Client \$	Spouse \$
--------------	--------------

EDUCATION FUND

(suggested amount \$10,000 per year, per child)

Client \$	Spouse \$
--------------	--------------

ANNUAL LIVING EXPENSE

Estimated annual cost: \$ _____ \$ _____

Divided by: Annual Interest Rate: _____%

Client \$	Spouse \$
--------------	--------------

SUBTOTAL

Client \$	Spouse \$
--------------	--------------

LESS CURRENT LIFE INSURANCE

Client \$	Spouse \$
--------------	--------------

TOTAL

Client \$	Spouse \$
--------------	--------------