Confidential Fact Finder

My WEALTH PLAN 360°

Name: ____
Address: ____
Phone: ____
Email: ____
Marital Status: ☐ Married ☐ Not Married ☐ Widowed
If Married, Spouses Name: ______________________ Age: ________

I currently have a trust in place: ☐ Yes ☐ No

I am currently employed: ☐ Yes ☐ No
If yes, name of employer: ______________________________________
Title: ______________________________________
Phone: ____________________ Email: ____________________

Annual Household Income:
☐ $25,000 -$50,000
☐ $50,001-$75,000
☐ $75,001- $100,000
☐ $100,001 -$150,000
☐ $150,001 - $200,000 +

Residence & Mortgage:
Current Market Value: ____________________ Mortgage Balace: ____________________

Are you retired? ☐ Yes ☐ No
If no, at what age do you plan to retire? ____________

Retirement Assets: (IRA accounts, 401(k)s, Pension or Deferred Comps)

Investment Type	Company With	Average Value
		☐ 0-50k ☐ 50k-300k ☐ 300k-750k ☐ 750k+
		☐ 0-50k ☐ 50k-300k ☐ 300k-750k ☐ 750k+
		☐ 0-50k ☐ 50k-300k ☐ 300k-750k ☐ 750k+
		☐ 0-50k ☐ 50k-300k ☐ 300k-750k ☐ 750k+

Non Retirement Assets: (Stocks, Bonds, Mutual Funds, Money Market accounts and Savings)

Investment Type	Company With	Average Value
		☐ 0-50k ☐ 50k-300k ☐ 300k-750k ☐ 750k+
		☐ 0-50k ☐ 50k-300k ☐ 300k-750k ☐ 750k+
		☐ 0-50k ☐ 50k-300k ☐ 300k-750k ☐ 750k+
		☐ 0-50k ☐ 50k-300k ☐ 300k-750k ☐ 750k+

Annuities:

Investment Type	Company With	Average Value
		☐0-50k ☐50k-300k ☐300k-750k ☐750k+
		☐0-50k ☐50k-300k ☐300k-750k ☐750k+
		☐0-50k ☐50k-300k ☐300k-750k ☐750k+
		☐0-50k ☐50k-300k ☐300k-750k ☐750k+

Current Life Insurace:
Name of Insured: ______________________________
Death Benefit Amount:
☐$0-50k ☐$50k-300k ☐$300k-750k ☐$750k+

Insurance Company: ______________________________
Annual Premium: ______________________________
Type: ☐ Group ☐ Term ☐ Whole Life ☐ Universal Life ☐ Other: ______________

Long Term Care:
Name of Insured: ______________________________
Insurance Company: ______________________________
Daily Benefit: ______________________ Annual Premium: ______________________
Elimination Period: ______________________ Benefit Period (Years): ______________________
Number of Children: 0 1 2 3 4 5 +

Your Financial/Estate Planning Concern(s):

____
____
____
____

Currently Working with: ☐Attorney ☐CPA ☐Financial Advisor ☐Other: ______________________

Legal Documents: ☐ Trust ☐ Will ☐ Power of Attorney ☐ Insurance Trust
Other: ______________________________

Email your completed form directly to us at info@seniorplanningnetwork.com,
or Mail to:

Senior Planning Network
One Westbrook Corporate Center, Suite 300
Westchester, IL 60154

Senior Planning Network℠
Managing Wealth Across Family Generations

My WEALTH PLAN 360°℠