RFS Wealth Advisors
Generational Financial Planning
RFSWealth.com
916.415.1111

Financial Planning Fact Finder

Client Information

Client Name:	DOB:	US Citizen: Y or N
Client Name:	DOB:	US Citizen: Y or N
Address:	City, State, Zip:	
Home Phone:	Client Cell:	Spouse Cell:
Fax:	Email:	

Preferred method of communication (Circle One):

Home Phone ○ Cell Phone ◉ Email ○

Family Information

Children Name	DOB	Single	Married
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Grandchildren Name	DOB	Single	Married
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Jeff Schnoebelen
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Salary/Bonus & Social Security

	Annual Amount	Indexed at	Owner	Guaranteed	Starts	Ends
Salary/Bonus			☐ Client ☐ Spouse	☐ Y ☐ N		
Salary/Bonus			☐ Client ☐ Spouse	☐ Y ☐ N		
Social Sec./Pension			☐ Client ☐ Spouse	☐ Y ☐ N		
Social Sec./Pension			☐ Client ☐ Spouse	☐ Y ☐ N		

Find your social security benefit at: https://www.ssa.gov/myaccount/

Current Estate Planning Documents

	Simple Will	Family Trust	Annual Gifts	Irrevocable Life Insurance Trust	Family Limited Partnership	Charitable Lead Trust	Charitable Remainder Trust	Business Succession	Other
Client									
Spouse									

Do you feel you have achieved financial security? ☐ Yes ☐ No

Do you have any potential inheritances? ☐ Yes ☐ No

Do you need to make any special provisions for any family member? ☐ Yes ☐ No

How would you like to pass your estate?

Do you plan to leave a portion of your estate to charity? ☐ Yes ☐ No

What do you think is the larget obstacle in achieving your goals?

Financial Risk Tolerance?

☐ Aggressive Growth ☐ Growth with Income ☐ Income with Capital Preservation

☐ Growth ☐ Income with Moderate Growth

Expenses

Current Monthly Expenses	Semi Retirement	Retirement	Advanced Years	Desired Income in the event of death
				Client's: Spouse's:

Retirement Goals

Ideal Retirement Age of Client:	Maximum Retirement age if necessary:
Ideal Retirement Age of Spouse:	Maximum Retirement age if necessary:

Notes:

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Education Goals

Goal 1:

Goal 2:

Goal 3:

Major Purchase Goals

Type of Purchase:

Year of Purchase:	Amount Required:

Notes:

Type of Purchase:

Year of Purchase:	Amount Required:

Notes:

Property

Real Estate/Personal	Current Value	Tax Basis	Owner

Liability

Mortgage/Loans	Institution	Current Balance	Monthly Payment	Interest Rate	Loan Term Remaining

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Retirement Accounts

Type/Institution	Current Value	Owner	Beneficiary	Employee Contribution	Employer Contribution

Investment Accounts (Non-Retirement)

Type/Institution	Current Value	Tax Basis	Owner

Business Assets

Business Name	Base Value	Tax-Basis	Owner	Business Type

Insurance

Client:	**Spouse:**
☐ Life Insurance	☐ Life Insurance
☐ Long-Term Care	☐ Long-Term Care
☐ Disability	☐ Disability
☐ Annuity	☐ Annuity

If any insurance policies are held, please include a recent statement.

Do you feel you are adequately insured? ☐ Yes ☐ No

Do you work closely with a life insurance agent? ☐ Yes ☐ No

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