IFW INSTITUTE OF FINANCIAL WELLNESS

LET'S GET THERE!

BASIC INFORMATION

CLIENT

First Name	
Last Name	
Age	
Target Retired Date	
Filling Tax Status	
Spouse Name	
Spouse Age	
Spouse Target Retired Date	

FACT FINDER

PERSONAL INFORMATION

Tell me (state name of client) what do you feel is the biggest concern and challenge you are facing right now with respect to your finances?

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Are you comfortable working with your financial professional through Zoom or does it have to be a situation where they are located within driving distance?

Zoom is ok ☐ Located within driving distance ☐

Do you have any major financial changes occurring in the near future?

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SAVINGS & CONTRIBUTIONS

ACCOUNT TYPE	OWNER	ACCT VALUE	COST BASIS	STOCKS %	BONDS %	CASH %
401(k)	Client					
401(k)	Client					
401(k)	Client					
401(k)	Client					
401(k)	Client					
401(k)	Client					
401(k)	Client					

Why did you initially purchase the (name of product)?

____

Who helped you with the purchase of the (name of product)?

____

When was the last time you reviewed the (name of product)?

____

How do you feel overall with (name of product)?

____

INCOMES

INCOME TYPE	FREQUENCY	OWNER	AMOUNT	TAX RATE %	START YEAR	END YEAR
Payroll	Annual	Client				
Payroll	Annual	Client				
Payroll	Annual	Client				
Payroll	Annual	Client				
Payroll	Annual	Client				
Payroll	Annual	Client				
Payroll	Annual	Client				

LIFE INSURANCE

Do you have any experience with life insurance either positive or negative?

How do you feel as to whether or not your needs for life insurance are being met?

Are you aware of anyone who either benefitted from having life insurance or suffered from not having it?

How did you determine the amount of life insurance you purchased?

When was the last time you reviewed your life insurance coverage?

How is your current health?

LTC/DISABILITY INSURANCE

Do you have any experience with LTC/disability insurance either positive or negative?

How do you feel as to whether or not your needs for LTC/disability insurance are being met?

Are you aware of anyone who either benefitted from having LTC/disability insurance or suffered from not having it?

How did you determine the amount of LTC/disability insurance you purchased?

When was the last time you reviewed your LTC/disability insurance coverage?

GOALS

Do you have a good handle on your current monthly expenses?

What is your monthly income needed to maintain your current lifestyle?

What age would you like to be able to stop working?

What monthly income would you like to receive during retirement?

Who helps you make financial decisions? Should we include them in the meeting?

If the financial professional is able to help you, are you comfortable in considering them to be a member of your financial team?
