

WEALTH PLANNER

Our wealth planning process involves discussing your goals, gathering pertinent data, designing solutions, and delivering a cohesive plan that you can implement to help you reach your desired destination. The process begins with understanding what you want to achieve.

Please list your specific financial goals.

Date:

- 1.
- 2.
- 3.
- 4.

What do you feel are the main obstacles to achieving your goals?

In three years from now, looking back on your relationship with your financial advisor, what will you have expected to have accomplished?

What keeps you up at night?

What are your top priorities?

Some basic information about you:

Prefix: Mr. Mrs. Ms. Dr.

Yes No

Name

Date of birth

U.S. Citizen

Street address

City

State

Zip code

Contact number

Email

Occupation

Employer



Advisory services offered by Investment Advisory Representatives of RFG Advisory, a registered investment advisor. ARIV Wealth and RFG Advisory are unaffiliated entities.

Professional Advisors

Attorney	Business Name	Address	Phone
Accountant	Business Name	Address	Phone
Insurance Agent	Business Name	Address	Phone
Other	Business Name	Address	Phone

Education

List any education goals or expenses anticipated for yourself, your children and/or your grandchildren including primary school, private school, Trade Schools, and Colleges and Universities.

Student	Description	Year start	# of years	Annual school cost	Funds available now	Monthly savings	Portion to fund
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Document Checklist

The following documents can assist us in creating your financial plan. You can skip the corresponding section in the fact finder for information provided in the documents. **Please provide copies of the following documents.**

1. Bank and Brokerage Statements

- a. Checking Account Statements
- b. Savings/CDs/Money Market Statements
- c. Brokerage Account Statements
- d. Loan Statements (Personal Residence, Primary Residence, Home Equity/Other Mortgage, Real Estate, Investment/Margin, Credit Card, Automobile)
- e. IRA/Roth IRA Statements

2. Employment Documents

- a. Payroll Statements
- b. Employee Benefits Statement
- c. Group Term Life Insurance
- d. Group Disability Coverage
- e. Retirement Plan Statements (401(k), 403(b), 457)
- f. Pension Plan Statements
- g. Section 125 Plan (Cafeteria, MSA)
- h. Stock Option Plan

3. Insurance Company (Most recent statement or declaration page for each)

- a. Life
- b. Annuity
- c. Health
- d. Disability Income
- e. Long Term Care
- f. Homeowners
- g. Auto
- h. Umbrella/Excess Liability
- i. Professional Liability

4. Tax and Legal Documents

- a. Latest Income Tax Returns (Last 2 years)
- b. Loan Documents
- c. Wills
- d. Trust Documents
- e. Settlement Agreements
- f. Pre- and Post-Nuptial Agreements
- g. Divorce Settlements (alimony and child support)
- h. Powers of Attorney
- i. Prepaid Legal Fees
- j. Business Agreements/Loans
- k. Employment Contracts

5. Business Documents

- a. Buy-Sell Agreements
- b. Deferred Compensation Plans
- c. Stock Option/Stock Bonus Plan

Assets

Personal Assets: Please include any personal assets that you own including residences, automobiles, collections, art work, jewelry, etc.

Personal Assets	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Investments: Please include all non-qualified investments such as bank accounts, brokerage accounts, and investment holdings and indicate the annual contribution you plan to make to each.

Investments	Owner	Value	Annual Contribution
Checking	_____	_____	_____
Savings	_____	_____	_____
CDs	_____	_____	_____
Brokerage	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Assets: Please include all qualified investments such as IRAs/Roth IRAs, 401(k), 457, and SEP accounts and indicate your annual contribution to each and contributions from your employer.

Retirement Assets	Owner	Value	Annual Contributions	Employer Contributions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Assets (continued)

Real Estate Holdings: Please include all real estate holdings by location and indicate any future plans to sell the holdings.

Real Estate location	Owner	Current Market Value	Basis	Plan to sell?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business Interests: Please list all business interests for which you own part of all of the interest.

Business Name	Business Name 1	Business Name 2	Business Name 3
Owner	_____	_____	_____
Business Type*	_____	_____	_____
Base Value	_____	_____	_____
Tax Basis	_____	_____	_____
Pass Thru (Yes/No)	_____	_____	_____

*Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp

Business Cash Flow	Business Name 1	Business Name 2	Business Name 3
Income	_____	_____	_____
Expenses	_____	_____	_____
Distribution Type	_____	_____	_____
Distribution Amount	_____	_____	_____
Distribution (% of income)	_____	_____	_____

Related Business Questions	Business Name 1	Business Name 2	Business Name 3
Client active in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse active in the business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of children involved	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Future Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shareholder, Partnership or Operating Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does current agreement permit gifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy/Sell Agreement among owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy/Sell Agreement funded with life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How of coverage if applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance

Please list the insurance policies currently in force. If you have copies of the latest statements or declaration pages, you do not need to complete this section.

Life Insurance includes Group, Term, Whole Life, Universal Life, Variable, or other custom policies.

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Life Insurance	_____	_____	_____	_____	_____
Insured	_____	_____	_____	_____	_____
Owner	_____	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____	_____
Face amount	_____	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____	_____
Cash value	_____	_____	_____	_____	_____

Disability Income includes Group and Individual policies.

	Policy 1	Policy 2	Policy 3	Policy 4
Disability income	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Monthly benefit	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____
Waiting period	_____	_____	_____	_____
Length of benefit	_____	_____	_____	_____
Cost of living adjustment (COLA)	_____	_____	_____	_____

Insurance (continued)

Long Term Care insurance includes Group and Individual policies.

	Policy 1	Policy 2	Policy 3	Policy 4
Long Term Care	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Annual premium	_____	_____	_____	_____
Daily benefit	_____	_____	_____	_____
Waiting period	_____	_____	_____	_____
Length of benefit	_____	_____	_____	_____
Cost of Living Adjustment (COLA)	_____	_____	_____	_____
COLA Method*	_____	_____	_____	_____

* Simple or Compound

Liabilities

Please list all outstanding liabilities including mortgages for your primary residence, home equity loan, real estate holdings, businesses, investment/margin, credit cards, and automobile loans.

Liability	Current Balance	Periodic Payment	Payment Frequency	Interest Rate	Year of Maturity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income

Please include income you receive with the exception of income related to business interests (included on page 6).

Income	Client	Co-Client	Joint	Any anticipated changes?
Salary	_____	_____	_____	_____
Bonus	_____	_____	_____	_____
Self Employment	_____	_____	_____	_____
Dividends / Interest	_____	_____	_____	_____
Rentals	_____	_____	_____	_____
_____	_____	_____	_____	_____

Social Security Benefits: Please include your most recent Social Security statement.

Client Benefits

Retirement Monthly Benefit

Age 62 monthly income \$ _____

Full monthly income \$ _____

Age 70 monthly income \$ _____

Survivor Benefits

Family Benefit \$ _____

Spousal Benefit \$ _____

Retired Benefit \$ _____

Co-Client Benefits

Co-Client Benefit

Age 62 monthly income \$ _____

Full monthly income \$ _____

Age 70 monthly income \$ _____

Survivor Benefits

Family Benefit \$ _____

Spousal Benefit \$ _____

Retired Benefit \$ _____

Pensions: Please list all you are eligible to receive.

	Client	Co-Client
Start Age	_____	_____
Monthly Amount	_____	_____
Annual Inc. %	_____	_____
Survivor %	_____	_____

Survivor Expenses: In the event of either premature death, please list the percentage of total expenses that the surviving client would incur. This information will help us determine survivor income needs. Consider what lifestyle and childcare expenses would be impacted in the event of a premature death. The average is around 70-80%, however, this may be different for every client.

Client's Living Expenses in the event of Co-Client's Death: _____

Co-Client's Living Expenses in the event of Client's Death: _____

Estate Planning: Please help us understand what planning you have done for your estate.

	Client	Co-Client
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was it updated last?	_____	_____
Do you have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of trust?	_____	_____
What is the goal of the trust?	_____	_____
Heirs from a previous marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Directives/Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have minor children, do you have a guardian nomination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What are your goals for your estate? For example, do you plan to leave your estate to your heirs? Do you plan to donate to a charity?

List any other information you feel is important to the financial planning process.