

Financial Planning Fact Finder

Personal Information

Client Information				
Client Name				
Street Address				
City/Town State/ZIP				
Home Phone Mobile Pho	ne			
Email Address				
Birth Date Social Security No.	umber			
Employment				
	Employer			
Employer Address				
Spouse Information				
Spouse Name				
Sirth Date Social Security Number				
Mobile Phone				
Email Address				
Spouse Employment				
o Title Employer				
Employer Address				
Children/Dependents				
Name	Date of Birth	Marital Status		

Professional Contacts

Tax Preparer				
Name	Address			
Phone	Email			
Atto	rney			
Name	Address			
Phone	Email			
Insurance	ce Agent			
Name	Address			
Phone	Email			
Investmer	nt Advisor			
Name	Address			
Phone	Email			
No	tes			

Assets and Liabilities

Asset	Value	Owner	Liabilities	Value	Owner
Cash and CDs			Mortgages		
Primary Residence			Other Home Loans		
Second Residence			Vehicle Loans		
Automobiles			School Loans		
Other Vehicles			Business Loans		
Business Interests			Other Loans		
Retirement Accounts			Notes		
Investments			Credit Cards		
Fine Art, Jewelry, Collectibles			Medical Bills		
Other Personal Property			Taxes		
Any Other Assets			Any Other Liabilities		
Total Assets	\$		Total Liabilities	\$	
	Net Worth Total assets minus total liabilities				

Total Assets	\$	Total Liabilities	\$
	Net Worth Total assets mir	nus total liabilities	
Are any liquid asset "emergency fund"?	an O Yes	○ No If	yes, how much?

Cash Flow

Monthly Income		Monthly Expenses		
Client Salary		Mortgage Payments		
Spouse Salary		Loan Payments		
Bonuses, Commissions		Credit Card Payments		
Pension Income		Utilities		
Annuity Income		Food, Meals		
Rental Property Income		Medical Expenses		
Interest, Dividends		Vehicle Expenses		
Alimony		Insurance Payments		
Income from a Trust		Personal Care		
Client Social Security		Entertainment		
Spouse Social Security		Any Other Expenses		
Total Monthly Income		Total Monthly Expenses		
Do you have a m	nonthly budget?	O Yes O No		
If yes, are you able to stick to it?		O Yes O No		

Financial and Lifestyle Goals

Do you have individuals with special needs you would like to make special provisions for?
Do you expect to receive property/money from inheritance or another source? If yes, value?
Do you have a Will and/or Trust?
Do you have a sym ana/or mast.
Do you wish to make charitable donations or gifts? If so, what amount?
If you had complete financial security, how would you spend your time?
Name the most important personal goal you want to meet
within one year
within five years
within ten years
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Financial Concerns

Please rate how important the following financial concerns are to you, 5 being the most important, 1 being the least important.

Concern	1	2	3	4	5
Plan a budget	0	0	0	0	0
Start a short-term savings plan (to buy a house, take trip)	0	0	\bigcirc	\bigcirc	0
Create or update an education savings plan for my children	0	0	0	0	0
Create or update a retirement savings plan	0	0	0	0	0
Create or update an investment plan	0	0	0	0	0
Create or update an estate plan	0	0	0	0	0
Start a new business	0	0	0	0	0
Review tax efficiencies	0	0	0	0	0
Analyze my insurance needs	0	0	0	0	0
Organize my financial documents	0	0	0	0	0
Notes					

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Not FDIC Insured	No Bank Guarantee	May Lose Value
Not A Deposit	Not Insured by any Federal Government Agency	