

# Financial Analysis Fact Finder

We are committed to helping you align your financial goals with your personal aspirations and values at every stage in your life. To guide you to your desired outcomes, please provide us with the information below. Please indicate "none" or "n/a" where appropriate.

Financial Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Client #1 Name:	DOB:	US Citizen:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Marital Status:
Client #2 Name:	DOB:	US Citizen:	Y <input type="checkbox"/>	N <input type="checkbox"/>	

Address:	City, State, Zip:
Home Phone:	E-mail:
Client #1 Cell Phone:	Client #2 Cell Phone:

**Family Data** (use the **tab** key to add additional lines to **any** section)

Children	DOB	Marital Status	US Citizen	US Citizen	Spouse	DOB	Marital Status	US Citizen	US Citizen
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>

Grandchildren	DOB	Marital Status	US Citizen	US Citizen	Grandchildren	DOB	Marital Status	US Citizen	US Citizen
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>

Great Grandchildren	DOB	Marital Status	US Citizen	US Citizen	Great Grandchildren	DOB	Marital Status	US Citizen	US Citizen
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>

**Investment and Insurance Products are:**

- Not Insured by the FDIC or Any Federal Government Agency
- Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate
- Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

## Desired Retirement Ages

	Desired Age for Semi-Retirement (if applicable)	Desired Age of Retirement	Advanced Age (if applicable – for higher or lower spending needs, etc.)
Client #1			
Client #2			

## Financial Goals (only include goals that would not be included in your regular annual spending)

	Description of Goal	Estimated expenditure amount	In what year(s) would you like to make this expenditure?	Do you have an account earmarked for this expenditure?	Do you expect to finance this expenditure? (if so, provide estimated amount to finance, term, rate)
Education Expenses		\$			
Travel		\$			
Home Improvement		\$			
Wedding / Celebration		\$			
Charitable Gifts / Bequests		\$			
Gifts / Bequests to Family		\$			
New Car		\$			
New Home		\$			
Other: _____		\$			
Other: _____		\$			

## Educational Goals

Education for	Annual amount or name of university	If Annual Amount, Inflated at	Is there a 529 Plan available to cover expenses?	Do you have another account earmarked for this expenditure?	Do you expect contributions from others or scholarships? If so, how much annually?
		%			\$
		%			\$
		%			\$
		%			\$

What else would you like us to know about your goals?

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### Owner-Occupied Real Estate

Owner-Occupied Real Estate Address or City	Owner(s)	Current Value	Tax/Cost Basis	Expected Growth Rate	Property Taxes	Inflate Taxes at
		\$	\$	%	\$	%
		\$	\$	%	\$	%
		\$	\$	%	\$	%

### Investment Real Estate

Investment Real Estate Address or City	Owner(s)	Current Value	Tax/Cost Basis	Expected Growth Rate	Annual Income	Annual Expenses	Inflate Income & Expenses at
		\$	\$	%	\$	\$	%
		\$	\$	%	\$	\$	%
		\$	\$	%	\$	\$	%
		\$	\$	%	\$	\$	%

### Bank/Cash Accounts

Type/ Institution Name	Owner(s)	Current Value	Annual Savings to Account	Expected Growth Rate	Transfer on Death or Pay on Death (If so, please add beneficiary)	
		\$	\$	%	Y <input type="checkbox"/> _____	N <input type="checkbox"/>
		\$	\$	%	Y <input type="checkbox"/> _____	N <input type="checkbox"/>
		\$	\$	%	Y <input type="checkbox"/> _____	N <input type="checkbox"/>
		\$	\$	%	Y <input type="checkbox"/> _____	N <input type="checkbox"/>

### Investment Accounts (non-Retirement)

Type/ Institution Name	Owner(s)	Current Value	Tax/Cost Basis	Annual Savings to Account	Expected Growth Rate	Transfer on Death or Pay on Death (If so, please add beneficiary)	
		\$	\$	\$	%	Y <input type="checkbox"/> _____	N <input type="checkbox"/>
		\$	\$	\$	%	Y <input type="checkbox"/> _____	N <input type="checkbox"/>
		\$	\$	\$	%	Y <input type="checkbox"/> _____	N <input type="checkbox"/>
		\$	\$	\$	%	Y <input type="checkbox"/> _____	N <input type="checkbox"/>

### Retirement Accounts (e.g., IRA, 401k, 403b, Deferred Compensation, Annuities)

Type/ Institution Name	Owner	Current Value	Expected Growth Rate	Primary Beneficiary	Employee Contribution (\$ or %)	Employer Contribution (\$ or %)
		\$	%			
		\$	%			
		\$	%			
		\$	%			

For any employer equity based compensation, please provide a copy of the grant agreement and/or benefit statement from the plan administrator that includes the amount of shares/units, vesting schedules, and exercise costs (if applicable). Equity based compensation could include RSUs, Non-Qualified Stock Options, ISOs, etc.

**Business Interests** (including any LLCs that own real property)

Business Name	Owner(s)	Current Value	Tax/Cost Basis	Expected Growth Rate	Business Type (S-corp, C-corp, LLC, etc.)	Annual Income	Annual Expenses
		\$	\$	%		\$	\$
		\$	\$	%		\$	\$
		\$	\$	%		\$	\$
		\$	\$	%		\$	\$

**Liabilities** (mortgages, lines of credit, personal loans, credit cards, etc.)

Institution Name	Collateral (if any)	Current Balance	Monthly Payment (only P&I)	Date of Origination	Interest Rate	Loan Term
		\$	\$		%	
		\$	\$		%	
		\$	\$		%	
		\$	\$		%	

**Income** (current and future Salary/Bonus, Pension, Deferred Comp, Annuity/Other Retirement Income)

	Recipient	Amount	Projected Annual Increase	Starts (e.g., current year, at retirement or a specific year)	Ends (e.g., at retirement, at death, or a specific year)
Salary/Bonus		\$	%		
Salary/Bonus		\$	%		
Salary/Bonus		\$	%		
Salary/Bonus		\$	%		
Deferred Comp Distribution		\$	%		
Pension		\$	%		
Pension		\$	%		
Other Retirement Income		\$	%		
Other Retirement Income		\$	%		

**Social Security** (If you have a benefit statement from SSA, please provide a copy)

Recipient	Eligible for Social Security?		Current Benefit (If receiving)	Full Retirement Age Benefit	If unknown, would you like an estimated benefit?		Projected Start Age
	Y <input type="checkbox"/>	N <input type="checkbox"/>			Y <input type="checkbox"/>	N <input type="checkbox"/>	
	Y <input type="checkbox"/>	N <input type="checkbox"/>	\$	\$	Y <input type="checkbox"/>	N <input type="checkbox"/>	
	Y <input type="checkbox"/>	N <input type="checkbox"/>	\$	\$	Y <input type="checkbox"/>	N <input type="checkbox"/>	



## Long Term Care Insurance

	Long Term Care Policy #1	Long Term Care Policy #2
Policy number		
Institution name		
Purchase date		
Insured		
Benefit amount	\$	\$
Owner		
Annual premium	\$	\$
Premium term		
Premium payer		
Elimination period		
Benefit period		
COLA% (Specify Simple or Compound)	%	%

## Disability Insurance

	Disability Policy #1	Disability Policy #2
Policy number		
Purchase date		
Policy type (group short term, group long term, personal short term, personal long term, other)		
Insured		
Benefit amount	\$	\$
Benefit period		
Elimination period		
Annual premium	\$	\$

## Current Estate Planning Documents

	Simple Will	Revocable Living Trust	Health Care/ Medical Directive	Durable Power of Attorney	Special Needs Trust	Life Insurance Trust	Other Irrevocable Trust
Client #1	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Client #2	Date:	Date:	Date:	Date:	Date:	Date:	Date:

## What else should we know about your estate plan?

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**Professional Advisors** (for our records)

	<b>Name</b>	<b>Name of Company</b>	<b>Address</b>	<b>Phone Number</b>	<b>Email</b>
Accountant					
Attorney					
Insurance Agent					

**Kindly Provide the Following Documents** (for financial analysis) or use the Account Aggregator available in the Wells Fargo Mobile App to add outside investment and asset detail.

1. Statements for all outside investment accounts and bank accounts
2. Statements for all retirement accounts and annuities
3. Statements for all life insurance policies
4. Social Security statements (from [www.SSA.gov](http://www.SSA.gov))
5. Estate Planning Documents (if applicable)
6. Most recent Gift Tax Return (if applicable)

Wells Fargo and Company and its Affiliates do not provide tax or legal advice. Any estate plan should be reviewed by an attorney who specializes in estate planning and is licensed to practice law in your state.

This profile is not complete without and does not replace your "Client and Account Questionnaire" kept by your financial advisor in your client file. Please notify your financial advisor if any updates are required to that document. If there are any discrepancies between this document and your "Client and Account Questionnaire", the information contained in that document will take precedence.

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