HERITAGE HARBOR
—FINANCIAL ASSOCIATES—

106 Crystal Brook Hollow Rd Port Jefferson Station, NY 11776
Phone: 631-331-6599 FAX: 631-509-0141

Fact Finder

First Name: ____

Last Name: ____

Date of Birth: ______/________/______   _______/_______/________

Marital Status: [ ] Single   [ ] Married   [ ] Widowed   [ ] Domestic Partner

Address: ____

City: ____ State: __________ Zip: ______________

Phone: ____________________________________ Email: ____

Social Security Number: ________-__________-____________   ________-__________-____________

Employment Information: Client A   Client B

Employer: ____

Occupation: ____

Address: ____

How long have you been working there?
Do you plan on working their long term?

Dependent Information:

Name	Date of Birth
______________________________	____/_____/______
______________________________	____/_____/______
______________________________	____/_____/______
______________________________	____/_____/______
______________________________	____/_____/______

Do any of your dependents have special needs?

Are there others that are financially dependent on you?

Survivor Needs

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of death.

Current Life Insurance

Name of Insured	**Insurance Benefit**	**Insurance Company**	**Annual Premium**	**Type**
__________________	$___________	____________________	$___________________	_________________
__________________	$___________	____________________	$___________________	_________________
__________________	$___________	____________________	$___________________	_________________
__________________	$___________	____________________	$___________________	_________________

What do you want your life insurance to do for you?
In the event of death, what income should be provided for your family's continuing income needs? $______________
In the event of death, should your children's education be funded?
When did you buy your last policy?

College Funding

Many people want to help fund education for their children.
The sooner you begin to develop a strategy for savings,
the more time your money will have to accumulate.

Average College Cost 2010-2011
Public - $16,140 // Private - $36993

Child's Name	School	College Cost	Years to Attend	Percent to Provide
______________	______________	$__________	__________	__________%
______________	______________	$__________	__________	__________%
______________	______________	$__________	__________	__________%

Current College Savings: Enter any savings already accumulated for your children's education

Total Saved to Date	Monthly Savings	Average Rate of Return
$______________	$ ______________	______________%

How important is it for you to help your children with educations costs?

Would you like them to go to the college of their choice?

How do you feel about your college funding program?

Assets & Liabilities

When was the last time you reviewed your mortgage?

How long do you plan on staying in this home?

Residence

[ ] Rent -Monthly Rent: $__________

[ ] Own -Mortgage Details:

Lender	Mortgage Balance	Monthly Payment	Interest Rate	Approx Value of Home
______________	$__________	$__________	__________%	$__________
______________	$__________	$__________	__________%	$__________

Credit Card & Personal Loans:

Name	Amount	Monthly Payment	Interest Rate	Total Balance Due
______________	$__________	$__________	__________%	$__________
______________	$__________	$__________	__________%	$__________
______________	$__________	$__________	__________%	$__________
______________	$__________	$__________	__________%	$__________

Total Outstanding Liabilities: $______________

Income (Employment, Social Security, Rental, Retirement, Pension, ETC)

Type	Name	Amount	Start Date	End Date	Income Applies to
__________	__________	$__________	__________	__________	______________
__________	__________	$__________	__________	__________	______________
__________	__________	$__________	__________	__________	______________
__________	__________	$__________	__________	__________	______________
__________	__________	$__________	__________	__________	______________

Expenses: *Refer to "Cashflow Worksheet" to analyze expenses*

Savings & Investment

Retirement

Many people underestimate the amount of money they will need to enjoy a comfortable retirement. Begin saving as soon as possible to ensure you will have enough to maintain a comfortable lifestyle during retirement. Please provide information regarding retirement plans you may have. Include IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, 401ks (including any employer match), 403bs, Profit Sharing Plans, 457 Plans, variable annuities, etc.

Retirement Accounts

Value: $______________________ Type: ___________ Contribution Amount: $___________Match Amount: _______%

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What are your retirement needs? (in today's dollars)

- Phase 1 starts at retirement: $_________ /month
- Phase 2 starts at age _____: $_________ /month
- Phase 3 starts at age _____: $_________ /month

> At what age do you plan to retire?
>
> At what age will you begin to collect Social Security?
>
> Indicate your retirement needs
>
> Do you have any retirement accounts form a previous job?

Bank Accounts & Investments

Owner	Registration	Asset Name	Amount	Rate of Return	Account Fee	Contribution
______________	___________	___________________	$_________	_______%	_______%	$___________
______________	___________	___________________	$_________	_______%	_______%	$___________
______________	___________	___________________	$_________	_______%	_______%	$___________
______________	___________	___________________	$_________	_______%	_______%	$___________
______________	___________	___________________	$_________	_______%	_______%	$___________

Disability Income

	Client A	Client B
Current disability insurance:	________________	_________________

Company	Monthly Benefit	Group or Personal	Annual Premium	Waiting Period	Benefit Period
_____________	___________	_____________	_____________	______________	_____________
_____________	___________	_____________	_____________	______________	_____________

Long Term Care

Long-term care expenses can have a tremendous impact on a family's financial security. Having sufficient insurance coverage can help assure there is enough money for adequate care. Estimated monthly long-term care costs (in today's dollars): $_________

Do you have long-term care coverage?

Company	Daily Benefit	Annual Premium	Elimination Period	Benefit Years
_________________	____________	______________	________________	_____________
_________________	____________	______________	________________	_____________

> Has anyone in your family experience a long-term care need?
> Do you need to replace your income if you are unable to work?
> Will you be caring for elderly parents/relatives in the future?

NOTES:

____

____

____

____

____

____

Beneficiary Information

Name: ______________________________ Relation: ______________ Percentage: ________%

Address: ____

DOB: ______________________________ SSN: ______________________________

Name: ______________________________ Relation: ______________ Percentage: ________%

Address: ____

DOB: ______________________________ SSN: ______________________________

Name: ______________________________ Relation: ______________ Percentage: ________%

Address: ____

DOB: ______________________________ SSN: ______________________________

Who is your accountant? ____

Do you have a will in place? If so, who is your attorney? ________________________

Do you have an auto & home agent? ______________________________________

____

Reminders

Make a Copy of Driver's License

Give a Cash Flow Worksheet

Set Next Meeting