

Fact Finder — Level 1



Client Information

	First Name	Last Name	Date of Birth (mm/dd/yy)	Gender	Tax Filing Status (Married-joint, Married-separate, Head of household, Single)
Client				M <input type="checkbox"/> F <input type="checkbox"/>	
Co-client				M <input type="checkbox"/> F <input type="checkbox"/>	
Street		City	State		Zip Code
Home Phone Number		Business Phone Number		E-mail Address	

Family Members

First Name	Last Name	Date of Birth (mm/dd/yy)	Relationship (Son, Daughter, Cousin, etc.)	Dependent of

Net Worth

Lifestyle Assets	Current Value (\$)	Liabilities	Outstanding Amount (\$)	Interest Rate (%)	Monthly Payments
Residence (i.e. home)		Mortgages			
2nd Residence (i.e. vacation home)		Car Loans			
Personal Use Property (i.e. car, boat)		Personal Loans			
Other Personal Assets		Other Debt			

NOTES: _____

Accounts

Description	Plan Type <small>(Non-qualified, IRA, 401(k), 403(b), 529 Plan, etc.)</small>	Owner <small>(Client, Co-Client, Joint, Other family member)</small>	Current Value (\$)	Cost Basis (\$)	Asset Class Weightings OR Rate of Return	Employee Monthly Savings	Employer Monthly Savings

Cash Flow

Gross Annual Income	Member	Amount	Applicable Period	Monthly Expenses	Amount	Applicable Period	Fixed Expense
Salary / Self-employment				Housing			<input type="checkbox"/>
Salary / Self-employment				Food			<input type="checkbox"/>
Bonus				Transportation			<input type="checkbox"/>
Pension				Entertainment			<input type="checkbox"/>
				Personal			<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

	Client	Co-client
Include Social Security	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Calculate based on Salary/Self-employment income?	▶ Note: "Choose the method in which NaviPlan incorporates Social Security into the plan. NaviPlan can calculate the benefits based on salary or self-employed incomes entered under Cash Flow. Alternatively, directly enter the estimated benefits provided to the client on their Social Security statement."	
<input type="checkbox"/> Social Security Statement (attach copy)		

Pension

Description	Member	Estimated Annual Amount (\$)

NOTES: _____

Insurance Coverage

Life Insurance Coverage

Description	Insured	Death Benefit	Premium

Disability Insurance Coverage

Description	Insured	Benefit (% of \$)	Premium

Long-Term Care Insurance Coverage

Description	Insured	Daily Benefit Amount	Premium

Retirement Goal

	Client	Co-client
Retirement Age		
Life Expectancy		

Retirement Expenses

Description	Member	Amount	Applicable Period	Fixed Expense
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Retirement Incomes

Description	Member	Amount	Applicable Period

Funding Accounts

List the accounts available for Retirement and enter the appropriate % or \$ amount. Note: An account can be used to fund more than one goal.	Account Description	% or \$ linked to Retirement

Education Goal

	Goal 1	Goal 2	Goal 3
Family Member			
Annual Education Costs (today's \$)			
Index Costs by			
Education Start Age			
Number of Years			

Funding Accounts

Account Description	% or \$ linked to Education Goals		

Major Purchase Goal

	Goal 1	Goal 2	Goal 3
Description			
Purchase Date			
Cost (today's \$)			
Index Costs by			

Funding Accounts

Account Description	% or \$ linked to Major Purchase Goals		

List the funding accounts available and enter the appropriate % or \$ amount. Note: An account can be used to fund more than one goal.

Emergency Fund

An emergency fund can be defined in terms of a specific dollar amount OR a multiple of average monthly fixed expenses.

Multiple of average monthly expenses	Specific Amount	
	Infl	+/-Add'l
___ months	\$ ___	<input type="checkbox"/>

Funding Accounts

Account Description	% or \$ linked to Emergency Fund

Insurance Analysis

Life Insurance

Percentage of lifestyle expenses to cover
___%

	Client	Co-client
Cover Major Purchase Goals		
Payoff liabilities		

Disability Insurance

Percentage of lifestyle expenses to cover
___%

	Client	Co-client
Cover Major Purchase Goals		
Payoff liabilities		

Long-Term Care

Percentage of lifestyle expenses to cover
___%

	Client	Co-client
Additional LTC Daily Expenses		