



THE THOMPSON AGENCY

Life • Long Term Care • Disability • Annuity
Brokerage Service... *Making "Life" Easier*

Financial Advisor: _____ Date: _____

Client Fact Finder

Personal and Family Information		
Name	Date of Birth	Social Security No.
Client _____	____/____/____	_____
Spouse _____	____/____/____	_____
Children _____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Address and Contact Information	
Street Address: _____	
City, State, Zip: _____	Phone #: _____
E-Mail Address: _____	

Planning Information and Other Advisors Information	
Attorney's Name: _____	Phone #: _____
Accountant's Name: _____	Phone #: _____
Client's Will (if applicable): Date _____	Type _____
Spouse's Will: Date _____	Type _____
Client's Trust: Date _____	Type _____
Spouse's Trust: Date _____	Type _____

Client: _____

Employment Information	
Client	Spouse
Occupation: _____	_____
Employer Name: _____	_____
Annual Income: \$ _____	\$ _____
Other Income: \$ _____	\$ _____

Financial Information	
Assets	Liabilities/Debt
Savings \$ _____	Mortgage(s) \$ _____
Investments \$ _____	Auto Loans \$ _____
IRA(S) \$ _____	Student Loans \$ _____
Real Estate \$ _____	Personal Loans \$ _____
CDs \$ _____	Credit Cards \$ _____
Pensions \$ _____	Business Debt \$ _____
Mutual Funds \$ _____	Other \$ _____
Annuities \$ _____	
Other \$ _____	
Total Assets \$ _____	Total Liabilities \$ _____
Monthly Systematic Savings: \$ _____	Average Monthly Expenses: \$ _____

Life Insurance Information							
Insured	Company	Policy Number	Type	Policy Date	Face Amount	Premium	Beneficiary
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	

Client: _____

Other Insurance

P&C Expiration Dates: Auto _____ Homeowners _____ Other _____

Disability Insurance Benefit : Client \$ _____ Spouse \$ _____

Health Insurance: Client \$ _____ Spouse \$ _____

LTC Insurance: Client \$ _____ Spouse \$ _____

Planning Priorities

	High	Medium	Low	N/A
Protecting Family's Lifestyle	_____	_____	_____	_____
Protecting Income	_____	_____	_____	_____
Providing Education Funds	_____	_____	_____	_____
Implementing Savings Plan	_____	_____	_____	_____
Planning for Retirement	_____	_____	_____	_____
Protecting Assets from LTC Needs	_____	_____	_____	_____
Planning for Business Succession	_____	_____	_____	_____
Employee Retention	_____	_____	_____	_____
Minimizing Estate Taxes	_____	_____	_____	_____
Lower Income Taxes	_____	_____	_____	_____
Peace of Mind	_____	_____	_____	_____
Assure Proper Disposition of Assets	_____	_____	_____	_____
Increase Current Income	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Product/Solution Discussion Notes

Client: _____

Medical History/Underwriting Questionnaire		
	Client	Spouse
Build?	Height: _____ Weight _____	Height: _____ Weight _____
Ever use tobacco?	Y _____ N _____ If yes, specify type used, frequency and date of last use: _____ _____ _____	Y _____ N _____ If yes, specify type used, frequency and date of last use: _____ _____ _____
Current Medications?	Y _____ N _____ If yes, specify name and dosage: _____ _____ _____	Y _____ N _____ If yes, specify name and dosage: _____ _____ _____
Health Impairments? (Diabetes, Arthritis, Hypertension, High Cholesterol, etc.)	Y _____ N _____ If yes, specify type of impairment, date diagnosed, and treatment: _____ _____ _____	Y _____ N _____ If yes, specify type of impairment, date diagnosed, and treatment: _____ _____ _____
Ever have a DUI?	Y _____ N _____ If yes, how many? _____ When? _____	Y _____ N _____ If yes, how many? _____ When? _____

Family History					
Client					
	Medical Conditions	Age at Onset	Age if Living	Cause of Death	Age at Death
Father					
Mother					
Brothers					
Sisters					
Spouse					
	Medical Conditions	Age at Onset	Age if Living	Cause of Death	Age at Death
Father					
Mother					
Brothers					
Sisters					