



ARLINGTON INSURANCE
PLANNING SERVICES

Fact Finder Questionnaire

Prepared For:

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Prepared by:

Date: _____

Questionnaire

Client Objectives & Goals

Top five client goals	
1.	a. What is the most important thing in the world to you? b. What are you specific objectives & goals to satisfy this?
2.	What is your most important personal goal?
3.	How do you feel about your career? (raise, promotion etc.) –
4.	How do you feel about retirement? At what age do you intend to retire?
5.	How do you feel about saving for your children's education? –

Current Planning

1.	a. Do you own personal life insurance? Yes/ No b. What purpose did you have in mind when you purchased it?
2.	What would you like to have happen in case of your death? (mortgage, debt, education funds, child care, household income) - Do you feel you are adequately covered?
3.	Does your spouse own life insurance? Yes No How do you feel about life insurance for your children? Yes No Maybe
4.	Do you currently own personal Long Term Care Insurance? Yes No Do you currently own disability or critical illness insurance? Yes No

Accumulation Goals

1.	a. What percentage of income do you save? Emerg. \$ _____ Retirement \$ _____ b. How often have you been able to do this? Monthly Quarterly Annually
2.	How much do you put away on a regular basis? \$ _____ per month/ week/ bi-weekly

Savings/ Checking: \$ _____ MMkt:\$ _____ Investments \$ _____

Personal Review

Name _____ **Smoker** _____ **Children/ Beneficiaries** _____
Client: _____ **D.O.B.** _____ **Yes No** _____ **D.O.B.** _____
Spouse: _____ **D.O.B.** _____ **Yes No** _____ **D.O.B.** _____
_____ **D.O.B.** _____
Will: Yes No - If yes terms of will _____ **D.O.B.** _____

Fixed Assets/ Debt

Home Owner Value: \$ _____
Yes No If Yes, Mortgage Principal \$ _____ Years _____ Int. Rate _____

Investment Property Value: \$ _____
Yes No If Yes, Mortgage Principal \$ _____ Years _____ Int. Rate _____

Car note \$ _____ Rate _____ % CC \$ _____ Rate _____ % Loans \$ _____ Rate _____ %

Employment

Occupation/ Title: _____ Employer: _____
Spouse Occupation _____ Employer: _____

Retirement Plans

Pension Benefits @age? _____ **Client** _____ **Survivor** _____
_____ **Spouse** _____ **Survivor** _____
401k/403b/457b
Balance \$ _____ **Contribution** \$ _____ **Employer Match** _____ %
IRA/Roth IRA Balance
Client \$ _____ **Spouse** \$ _____ **Contributions** \$ _____ /yr

Personal Life Insurance

	Death Benefit	Type	Premium	Beneficiary
Client	\$ _____	_____	\$ _____	_____
Spouse	\$ _____	_____	\$ _____	_____
Children	\$ _____	_____	\$ _____	_____

Income

Client's Income: \$ _____ **Spouse's Income** \$ _____
Increase/ Bonus \$ _____ **Increase/ Bonus** \$ _____

Human Capital Income Needs

Income Needs	Client	<i>Spouse</i>
1. Annual Income		
2. Number of Years of income continuation		
Total Income Needs (1x2)		

Capital Income Needs

Cash Needs	Client	<i>Spouse</i>
Final Expenses		
Debt		
Mortgage		
Education Fund		
Total Household Expenses x ___yrs		
Total Cash Needs		

Referrals:

Name: _____ **Tel#** _____

Name: _____ **Tel#** _____

Name: _____ **Tel#** _____

Name: _____ **Tel#** _____

Name: _____ **Tel#** _____

Name: _____ **Tel#** _____

