LEON
FINANCIAL SERVICES

Confidential Fact Finder

_____
Name – Client A

_____
Name – Client B

_____
Date

573-381-3134 | LEO@LEONFINANCIALSERVICES.COM

Family Information

Client A

Name (First/Last)					
Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Date of Birth:			Gender:	Male: ☐	Female: ☐
Marital Status:			Previous Marriages:	Yes: ☐	No: ☐
Citizenship:					
Home Phone:					
Cell Phone:					
E-mail:					

Employer Name					
Employer Address Line 1:					
Employer Address Line 2:					
City:		State:		Zip:	
Work Phone:					
Email:					

Client B

Name (First/Last)					
Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Date of Birth:			Gender:	Male: ☐	Female: ☐
Marital Status:			Previous Marriages:	Yes: ☐	No: ☐
Citizenship:					
Home Phone:					
Cell Phone:					
E-mail:					

Employer Name					
Employer Address Line 1:					
Employer Address Line 2:					
City:		State:		Zip:	
Work Phone:					
Email:					

Family Information

Children

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes/No)	Marital Status	From Previous Marriage (Yes/No)	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien)

Grandchildren

First Name	Last Name	Date of Birth	Gender	Special Needs? (Yes/No)	Marital Status	From Previous Marriage (Yes/No)	Citizenship (U.S. Citizen, Resident Alien, Non-Resident Alien)

Family Information - Comments:

Advisor Information

Advisor Type	First & Last Names	Company	Phone	Email
Accountant				
Family Attorney				
Business Attorney				
Real Estate Attorney				
Insurance Agent				
Financial Planner				
Investment Advisor				
Mortgage Broker				
Real Estate Agent				
Business/Life Coach				

Property

Real Estate

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Property Name:				
Property Type: (Residence, Non-Residence)				
Current Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: (Client, Spouse, Joint, etc.)				
State:				

Mortgages

	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage Name:				
Institution Name:				
Institution Website Address:				
Property Name:				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
as of Date (Current Balance):				
Interest Rate:				
Loan Term (Years):				
Payment Frequency (Monthly, Quarterly, Semi-Annually, Annually):				
Repayment Type (Principal and Interest, Interest Only):				
Payment:				
Is Interest Deductible? (Yes / No)				
Insured for Life?: (Yes / No)				

Personal Property

	(1)	(2)	(3)	(4)
Asset Name:				
Current Value:				
Tax Basis:				
Pre-Retire Gross Growth:				
Post-Retire Gross Growth:				
Owner: (Client, Spouse, Joint, etc.)				

Investments

Investments: Taxable

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Current Value:					
Tax Basis:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner : (Client, Spouse, Joint, etc.)					
Is This Asset Tax Free? (Yes / No):					

Investments: Cash

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Asset Type (Cash, CDs, T-Bills, Checking, Savings, Money Market, Cash Management Account)					
Current Value:					
Tax Basis:					
Interest Rate:					

Investments: Qualified Retirement *(401(k), IRA, KEOGH, Profit Sharing, 403(b), Pension, SEP, Other)*

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Type (401(k), IRA, KEOGH, Profit Sharing, 403(b), Pension, SEP, Other)					
Current Value:					
Pre-Retire Gross Growth:					
Post-Retire Gross Growth:					
Owner: (Client, Spouse)					
Beneficiary:					
Contributions based on (All Earned Income, Client/Spouse Salary, etc.):					

Investments

Employee Contributions (For 401(k) or 403(b))

Type: (None, Percent of Salary, Fixed Amount, Maximum)	
Percent:	
Annual Dollar Amount:	

Employer Contributions (For 401(k) or 403(b))

Type: (None, Percent of Salary, Match Percent, Fixed Amount, Maximum)	
Employer Percent Match of Employee Contribution:	
Maximum Employer Contribution Percent of Employee Salary:	
Annual Dollar Amount:	

Investments: Roth IRAs

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Average Annual ROR:					
Owner: (Client, Spouse)					
Beneficiary:					

Investments: 529 Plans

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website Address:					
Current Value:					
Average Annual ROR:					
Grantor:					
Beneficiary:					

Investments

Fixed/Variable Annuities:

	(1)	(2)	(3)	(4)	(5)
Asset Name:					
Institution Name:					
Institution Website:					
Asset Type (Fixed / Variable):					
Type of Funds (Qualified / NQ):					
Current Value:					
Tax Basis:					
Owner: (Client, Spouse, Joint, etc.)					
Beneficiary:					
Payout Begins (Retirement, at Death, Calendar Year, etc.):					
Based on the Lifetime of (Client, Spouse, Survivorship):					
Guaranteed Years of Payout:					

Investments – Comments:

Business Interests

	(1)	(2)	(3)
Business Name:			
Base Value:			
Pre-Retire Gross Growth:			
Post-Retire Gross Growth:			
Tax Basis:			
Owner: (Client, Spouse, Joint, etc.)			
Business Type (Sole Proprietorship, Partnership, S-Corp, C-Corp, Limited Liability Corp, Professional Corp):			
Income Distribution (None, Fixed Amount, Income):			
Distribution Amount:			
Distribution (% of Income):			
Related Questions			
Client active in the business?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Spouse active in the business?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
# of Children Active in the Business:			
Future Plans for Business (Retain with Family, Sell to Employees, Sell to 3rd Party, Liquidate, Unsure)			
Relatives active in the business?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Shareholder, Partnership or Operating Agreement?:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Does current agreement permit gifting?:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Buy / Sell Agreement among owners?:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Buy / Sell Agreement funded with life insurance?:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
How much coverage (If applicable):			

Business Interests – Comments:

Insurance

Life Insurance

	(1)	(2)	(3)	(4)
Policy Name:				
Policy Number:				
Institution Name:				
Institution Website Address:				
Policy Date:				
Policy Type (Whole Life, VWL, Term, UL, VUL, Group, Other):				
Term Ends at Retirement (Group Life Only) (Yes / No):				
Term (years) (Term Life Only):				
Insured (Client, Spouse, Survivorship, etc.):				
Owner (Client, Spouse, Joint, etc.):				
Beneficiary (Client, Spouse, Survivorship, etc.):				
Current Death Benefit:				
Current Cash Value:				
Basis:				
Annual Premium:				
Premium Payer (Client, Spouse, Joint, etc.):				
Purpose of Insurance				
How did you choose the amount of insurance?				
How did you choose the type of insurance ?				

Insurance – Comments:

Insurance

Long-Term Care

	(1)	(2)	(3)
Policy Name:			
Policy Number:			
Institution Name:			
Institution Website Address:			
Purchase Date:			
Insured (Client, Spouse):			
Benefit Amount:			
Period for Benefit Amount (Annually, Quarterly, Monthly, Daily):			
Owner (Client, Spouse, Joint):			
Annual Premium:			
Premium Term (Years):			
Premium Payer (Client, Spouse, Joint):			
Elimination Period (0,20, 30, 45, 50, 60, 90, 100, 120, 180 Days, 1 Year):			
Benefit Period (2, 3, 4, 5, 6, 7, 10 Years, Lifetime):			
COLA %:			

Disability

	(1)	(2)	(3)
Policy Type : (group, individual)			
Policy Number:			
Institution Name:			
Purchase Date:			
Insured (Client, Spouse):			
Benefit Amount:			
Premium Payor (Employer, Self, 3rd party):			
Annual Premium:			
Premium Term (Years):			
Elimination Period (0, 7, 14, 30, 60, 90, 180 Days, 1 Year, 2 Years):			
Benefit Period (90, 180 Days, # Years, Age, Life):			
COLA %:			
Own Occupation (Yes / No):			

Insurance

Property / Casualty

	(1)	(2)	(3)
Policy Name:			
Institution Name:			
Policy Type (Auto, Homeowners, Umbrella, Flood, Rental, Condo, Boat, Other):			
Policy Number:			
Purchase Date:			
Renewal Date:			
Annual Premium:			
Indexed at (No Growth, Inflation, etc.):			
Premium Term (Years):			
Insured Asset:			
Owner (Client, Spouse, Joint, Default Charity, etc.):			
Liability Umbrella: (if Yes, amount)			

Medical

	(1)	(2)	(3)
Policy Name:			
Institution Name:			
Group Health Plan Sponsor:			
Policy Number:			
Policy Type (Primary, Other):			
Purchase Date:			
Plan Type (Individual, Family):			
Deductible Amount:			
Annual Premium:			
Indexed at (No Growth, Inflation, etc.):			
Premium Term (Years):			
Owner (Client, Spouse, Joint, Default Charity, etc.):			

Insurance – Comments:

Liabilities (excluding mortgages)

Loans & Consumer Debt

	(1)	(2)	(3)	(4)
Loan Name:				
Institution Name:				
Institution Website Address:				
Loan Type (Auto, Personal, Business, LOC, Student Loan, Credit Card, Debt Consolidation, Other)				
Original Loan Amount:				
Date of Loan:				
Current Balance:				
Balance as of date:				
Owner (Client, Spouse, Joint, etc.):				
Interest Rate:				
Number of Payments:				
Payment Frequency (Monthly, Quarterly, Semi-Annually, Annually):				
Repayment Type (Principal and Interest, Interest Only):				
Payment:				
Interest Deductible? (Yes / No):				
Loan Collateralized? (Yes / No):				

Liabilities - Comments:

Income

Salary & Bonus

	(1)	(2)	(3)	(4)
Salary / Bonus Name:				
Annual Amount:				
Indexed at (No Growth, Inflation, etc.):				
Start Indexing (Immediately, At Start Year):				
Owner (Client, Spouse, Joint):				
Destination Account:				
Guaranteed? (Yes / No):				
Starts (Retirement, at Death, Calendar Year, etc.):				
Ends (Retirement, at Death, Calendar Year, etc.):				

Social Security

	Client	Spouse
Benefit Is:		
Benefit Begins at Age:		
Annual Retirement Benefit:		
Annual Disability Benefit:		
Annual Surviving Child Benefit:		
Years Employed:		
Last Year Employed:		
Highest Salary Earned:		

Deferred Income

	(1)	(2)	(3)	(4)
Deferred Income Name:				
Type (Pension, Deferred Comp, Other Deferred):				
Annual Amount:				
Indexed at (No Growth, Inflation, etc.):				
Start Indexing (Immediately, At Start Year):				
Owner (Client, Spouse, Joint):				
Non-Taxable? (Yes / No):				
Starts (Retirement, at Death, Calendar Year, etc.):				
Ends (Retirement, at Death, Calendar Year, etc.):				

Income

Immediate Annuities

	(1)	(2)	(3)	(4)
Immediate Annuity Name:				
Annual Payments:				
Exclusion Ratio:				
Basis:				
Owner (Client, Spouse, Joint, etc.):				
Destination Account:				
Purchase Date:				
Based on Lifetime Of (Client, Spouse, Survivorship):				
Guaranteed Years of Payout:				

Other Income

	(1)	(2)	(3)	(4)
Other Income Name:				
Type (Business Distribution, Partnership Distribution, Real Estate, Trust, Other):				
Tax Treatment (Earned Income, Capital Gains, Qualified Dividends, Investment Ordinary Income, Non-Taxable):				
Annual Amount:				
Indexed at (No Growth, Inflation, etc.):				
Start Indexing (Immediately, At Start Year):				
Owner (Client, Spouse, Joint, etc.):				
Destination Account:				
Guaranteed? (Yes / No):				
Starts (Retirement, at Death, Calendar Year, etc.):				
Ends (Retirement, at Death, Calendar Year, etc.):				

Income - Comments:

Planning Objectives

Retirement/ Investment *Rate the importance of each item according to the following scale:*

	Low	Med	High
Your retirement goals	☐	☐	☐
Directing a portion of your personal savings or investment portfolio to a tax advantaged vehicle	☐	☐	☐
Having all of your portfolios consolidated and analyzed to make sure your overall plan is on track	☐	☐	☐
Matching your risk tolerance to that of your investment portfolio	☐	☐	☐
Reviewing your investment performance	☐	☐	☐
Reviewing your investment performance against your plan	☐	☐	☐
Reviewing alternative retirement funding methods	☐	☐	☐
Minimizing the taxes on your investment accounts	☐	☐	☐
Reviewing techniques to save income tax and estate taxes on deferred money	☐	☐	☐
Asset protection in the result of serious illness	☐	☐	☐
Protecting assets in the event that you require long term care in the future	☐	☐	☐
Receiving adequate income in the event of disability during your working years	☐	☐	☐
Planning for income for your spouse in the event of your premature death	☐	☐	☐
Generating a guaranteed retirement income stream	☐	☐	☐
Planning for income for your children in the event of your premature death	☐	☐	☐

Estate *Rate the importance of each item according to the following scale:*

	Low	Med	High
Distributing assets equally to your children	☐	☐	☐
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy	☐	☐	☐
Reviewing your insurance portfolio	☐	☐	☐
Reviewing different methods of meeting your estate tax liabilities	☐	☐	☐
Minimizing estate taxes	☐	☐	☐
Contributing annually to charity	☐	☐	☐
Gifting to your children if it doesn't interfere with your financial independence	☐	☐	☐
Planning for your grandchildren's education	☐	☐	☐
Reviewing your current will structure to eliminate unnecessary taxes	☐	☐	☐
Protecting your residence and/or vacation home from estate taxes	☐	☐	☐
Having your estate in trust for your spouse in order to protect your children's inheritance	☐	☐	☐

Planning Objectives

Business *Rate the importance of each item according to the following scale:*

	Low	Med	High
Maintaining control of your business throughout your lifetime	☐	☐	☐
Eliminating the need to liquidate your business to pay estate taxes	☐	☐	☐
Passing your business in a manner where it is sold to key employees	☐	☐	☐
Creating a business planning concept to help you sell your business to key employees in an efficient manner	☐	☐	☐
Providing incentives to your key employees with non-stock compensation alternatives	☐	☐	☐
Having your key employees own stock in your company	☐	☐	☐
Protecting your business from the death of a key employee	☐	☐	☐
Protecting your key employees and their families from serious illness and disability	☐	☐	☐
Protecting your company from serious illness and disability of your employees	☐	☐	☐
Key employees to the continued success of your company	☐	☐	☐
Passing your business in a manner that maintains family ownership and control	☐	☐	☐
Maintaining family harmony after your estate has been settled	☐	☐	☐
Having your spouse take an active/ownership role in the business plan after you pass	☐	☐	☐
Creating a business planning concept that shows you how to gift/sell/bequest your business to your children/heirs	☐	☐	☐
Equalizing the inheritance for your children not active in the business	☐	☐	☐
Leaving the business only to active children/heirs versus all children/heirs	☐	☐	☐
Having your children/heirs active in the business with regards to the future success of your business	☐	☐	☐
Passing your business in a manner where it is sold to a third party	☐	☐	☐
Reviewing your business' property and casualty coverages every two years	☐	☐	☐
Reviewing alternative sources for your existing line of credit	☐	☐	☐
Reviewing the efficiency of your existing long-term debt structure	☐	☐	☐
Buying out a partner's interest in the event of his or her death	☐	☐	☐

Client Defined *Rate the importance of each item according to the following scale:*

	Low	Med	High
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐