

fact finder



personal information

Date: _____

Name: _____ Spouse: _____

Date of Birth: _____ Date of Birth: _____

Occupation: _____ Occupation: _____

Employer/Address: _____ Employer/Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

Home Address: _____

Home Phone: _____ # of Dependents: _____

insurance

Long-Term Care: Client: Yes No Spouse: Yes No

Life Insurance:

<u>Insured</u>	<u>Amount</u>	<u>Company</u>	<u>Type</u>	<u>Premium</u>	<u>Objective</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Disability Income Insurance:

<u>Insured</u>	<u>Monthly Benefit</u>	<u>Company</u>	<u>Type</u>	<u>Premium</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance: · Is Not a Deposit of Any Bank · Is Not FDIC Insured · Is Not Insured by Any Federal Government Agency · Is Not Guaranteed by Any Bank or Savings Association · Variable Products May Go Down in Value

AXA Equitable Life Insurance Company (NY, NY)



financial information

Client Income: _____ Spouse Income: _____ Estimated Net Monthly Income _____ Total Income: _____

Tax Bracket: _____ % Total Assets: _____ Liquid Assets: _____ Net Worth: _____

Mortgage: _____ Wills/Trusts: _____ Attorney: _____ CPA: _____

Investment Experience:

Cash/Checking: _____ Savings/CDs: _____ Bond Funds/Bonds: _____

Mutual Funds/Stocks: _____ Annuities: _____ IRA/SEP: _____

401(k): _____ Real Estate: _____ Other: _____

Financial Priorities/Investment Objectives: (check all that apply)

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Managing Risk
<i>Replacement Income</i>
<i>Protect Assets</i>
<i>Final Expenses</i> | <input type="checkbox"/> Accumulating for Future
<i>Mortgage Fund</i>
<i>Educational Fund</i>
<i>Emergency Fund</i> | <input type="checkbox"/> Financial Independence
<i>Retirement Needs</i>
<i>Systematic Savings</i> | <input type="checkbox"/> Wealth Preservation
<i>Estate Planning</i>
<i>Family Business</i>
<i>Charitable Programs</i> | <input type="checkbox"/> Addressing Taxes
<i>Tax Deferral Programs</i>
<i>Small Business</i> |
|--|---|--|---|---|

When Investing Do You Consider Yourself:

- Conservative Conservative/Moderate Moderate Moderate/Aggressive Aggressive

Investment Time Horizon:

- Short (0–3 yrs.) Medium (3–7 yrs.) Long (> 7 yrs.)

Comments/Observations: _____

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