

Client Fact Finder



Client Name:

Spouse Name:

Financial Representative:

Date:

As a Premier Wealth Management Advisor, we look beyond the day to day fluctuations of the financial markets and focus on what is important to the select families and institutions we work with. Our business model allows us to do what is right for our clients. As a fee-only advisor, we are able to cap management fees at 1%, providing total transparency to our clients.

Our 6 Phase Financial Planning Philosophy includes:

- A Dynamic Financial Plan & Portfolio Construction
- Trust & Estate Planning
- Insurance Planning
- Taxation Strategy
- Business Succession & Legacy Planning
- Social Security Planning

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Over 90% of the clients we meet invest without a plan, unsure how close they are to reaching their financial goals.

We help to clear the uncertainty and quantify the likelihood of reaching their goals

Section I - Personal Information

Marital Status:

- ☐ Single
☐ Married
☐ Domestic Partner
☐ Widow/Widower

Client A		Client B	
First Name			
Last Name			
Date of Birth			
Address			
City		State	Zip Code
Cell Phone		Cell Phone	
Email Address		Email Address	

Employment Information

Client A	Client B
Employer	
Occupation	
Phone	

Describe your current job:	
How long have you been working there:	
What are your career plans:	

Dependent Information

Client's Name	Child's Name	Date of Birth	Child's Name	Date of Birth

Do any of your dependents have special needs?	
Do you plan on having additional children?	
Are there others who financially depend on you (e.g. parents, siblings, grandchildren)?	
Do any of your family members live in this area?	

Section II - Earnings & Assets

Enter your annual income in this section, including income received from employers as well as from self-employment.

Earnings	Client A	Client B
Annual Employment Income	\$ _____	\$ _____
Do you contribute to Social Security?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Assets & Liabilities

In this section include your residence, personal property, real estate, and business assets. Do not include any retirement or investment assets, those will be included in Section IV.

Personal Residence

Rent - Monthly Rent	<input type="radio"/>	\$ _____
Own - Mortgage Balance	<input type="radio"/>	\$ _____

Details of Mortgage

Name	Market Value	Balance	Monthly Payment	Interest Rate
_____	\$ _____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	\$ _____	_____ %

Real Estate

Name	Market Value	Rental Income	Rental Expense	Rate of Return
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%

Credit Cards & Personal Loans

Name	Amount	Monthly Payment	Monthly Payment	Interest Rate
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%

Additional Assets & Liabilities Detail

Type*	Description	Market Value	Current Liability
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Section III - Retirement

Many people underestimate the amount of money they will need in retirement. Begin saving for your retirement income as soon as possible.

	Client A	Client B
At what age do you plan to retire?		
At what age will you begin to collect social security?		
Estimate your monthly income needs in retirement, in today's dollars:	\$ _____	\$ _____

Does your employer offer a retirement plan?	
Are you contributing the maximum?	

Section IV - Savings & Investment

Please provide information regarding retirement plans you may have. Include IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, 401(k)s (Including any employer match), 403(b)s, Profit Sharing Plans, 457 plans, variable annuities, etc.

Savings & Investment Funds

For this section either enter total amounts or details.

Total Amount	Total Monthly Savings	Average Rate of Return
\$ _____	\$ _____	_____ %

Provide information about your rainy day fund:

Name of Bank	Total Emergency Funds
_____	\$ _____

In addition to the above, please attach all corresponding financial statements.

Include IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, 401(k)s (Including any employer match), 403(b)s, Profit Sharing Plans, 457 plans, variable annuities, life insurance, certificates of deposits, brokerage accounts, individual bonds, separately managed accounts, trust accounts.

Section V - Insurance Planning

Current Life Insurance

Name of Insured	Death Benefit	Insurance Company	Annual Premium	Type
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

Disability Income Insurance

Name of Insured	D/I Benefit	Insurance Company
_____	\$ _____	_____
_____	\$ _____	_____

Long-Term Care Insurance

Long-term care expenses can have a tremendous impact on a family's financial security. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Name of Insured	Insurance Benefit	Frequency	Waiting Period	Benefit Period	Annual Premium
	\$ _____	_____	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____	_____	\$ _____
	\$ _____	_____	\$ _____	_____	\$ _____

In addition, we may ask to review your home owners policies.

Survivor Income Needs

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

In the event of death, should your children's education be funded? ☒ Yes ☐ No

Section VI - Estate Planning

Do you have an up-to-date:	Client A	Client B
Will?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Power of Attorney?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Living Trust?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other Trust?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Beneficiary Designations?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Estate Plan?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Business Succession Plan?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you keep important documents in a safe deposit box?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If so, does someone other than your spouse have access to it?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Advanced Taxation Planning

	Client A	Client B
Are you concerned about minimizing transfer taxes?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is asset protection a concern?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are you interested in multi-generational planning	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you're a business owner, are you interested in business succession planning?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have you ever filed a gift tax return?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you anticipate receiving a significant inheritance?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you have minor children, have you named a guardian in your will?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Are you interested in charitable trusts?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Trust & Estate Attorney

Name: _____	Address: _____ _____ _____
Phone: _____	Email: _____

CPA (Tax Planner)

Name: _____	Address: _____ _____ _____
Phone: _____	Email: _____

If there is anything else of importance to you, please share in this section.