

FRIES FINANCIAL SERVICES

108 E. North Avenue, Bryan, TX 77801 • (979) 846-8395 • Fax (979) 846-2607 • email: service@friesfinancial.com

INSTRUCTIONS FOR COMPLETING FACT FINDER

Thank you for taking the time to complete this Fact Finder. It will enable us to more thoroughly examine your current financial position and to understand your goals and needs. **It is important that you return it to our office before your appointment so that we can be prepared for our meeting. You will be called to reschedule the appointment if we do not receive your Fact Finder a minimum of three days prior to the scheduled appointment.**

Some advice on its completion:

- For couples, please use lines **1** and **2** for yourself and your spouse. Lines 3-6 would pertain to your children. If you are single with children, put your name on line 1 and the children after you. All future references to #1 and #2 refer to whose name is on those lines (sections on retirement, life insurance, etc.)
- On Page 2 list non-retirement assets. Do not list IRA's, ORP's, TSA's, or pensions here - they go on Page 4 "Retirement Information."
- It is very helpful - and easier for you - to simply attach copies of all investment account statements.
- If you are guessing a number, follow it with a question mark.
- On Page 2 if you would like to establish a college fund for a grandchild, feel free to complete this section.
- If applicable, it is helpful to attach TRS or Civil Service statements.
- If you do not know your group insurance benefits and you work for the Texas A&M University System, you can visit www.employees.tamu.edu or contact your HR department.
- If you have questions, please email us at service@friesfinancial.com or call 979-846-8395 or 800-324-4875. Once you have completed the Fact Finder you can fax it to 979-846-2607 or email to service@friesfinancial.com or bring it to our office.

Kindest Regards,

Denise Fries

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CLIENT FACT FINDER AS OF _____ (Date)

<u>FAMILY MEMBERS NAMES:</u>	<u>DATES OF BIRTH:</u>	<u>Age</u>	<u>SOCIAL SECURITY #s:</u>
1(you) _____	_____	()	_____
2.(spouse) _____	_____	()	_____
3. _____	_____	()	_____
4. _____	_____	()	_____
5. _____	_____	()	_____
6. _____	_____	()	_____

HOME ADDRESS _____
HOME PHONE: () _____ CELL NUMBER (you) _____
CELL NUMBER (spouse) _____

EMPLOYER _____ (you)	EMPLOYER: _____ (spouse)
ADDRESS: _____	ADDRESS: _____
City, _____ State, _____ Zip _____	City, _____ State, _____ Zip _____
Work PHONE: _____	Work PHONE: _____
JOB TITLE: _____	JOB TITLE: _____
HOW LONG? _____	HOW LONG? _____
ANNUAL INCOME \$ _____	ANNUAL INCOME \$ _____
E-MAIL: _____	E-MAIL: _____

ANY SELF-EMPLOYED OR OUTSIDE INCOME? YES \$ _____ NO
POTENTIAL FOR RAISES IN INCOME? YES \$ _____ NO
DO YOU PAY OR RECEIVE CHILD SUPPORT? YES \$ _____ NO

LIST THREE FINANCIAL GOALS: _____

What Financial issues cause you stress? _____

Who were you referred by: _____

NON-RETIREMENT ASSETS

\$ _____ Savings Account	\$ _____ Savings Account
\$ _____ Checking Account	\$ _____ Checking Account
\$ _____ Money Market Account	\$ _____ Money Market Account
\$ _____ Certificate of Deposit	_____ Maturity Date
\$ _____ Certificate of Deposit	_____ Maturity Date
\$ _____ Mutual Funds (Attach statements)	
\$ _____ Stocks _____ Co. Name _____ # Shares	
\$ _____ Stocks _____ Co. Name _____ # Shares	
\$ _____ Bonds _____ Co. Name _____ # Shares	
\$ _____ Bonds _____ Co. Name _____ # Shares	
\$ _____ Real Estate(Fair Market Value) _____ Types	
\$ _____ Other _____	
\$ _____ Other _____	

BALANCE OWED

DEBTS

\$ _____ Home Mortgage	Mo. Payt \$ _____	Yrs. Left _____	% _____
\$ _____ Car Note Balance	Mo. Payt. \$ _____	Date Paid Off: _____	% _____
\$ _____ Car Note Balance	Mo. Payt. \$ _____	Date Paid Off: _____	% _____
\$ _____ Credit Card Balances Combined Monthly Payments \$ _____			
\$ _____ Personal Loan(s) For _____			
\$ _____ Student Loan(s) Monthly Payment \$ _____ Balance \$ _____			
\$ _____ Business Debts(s)			
\$ _____ Other _____		\$ _____ Other _____	
\$ _____ Other _____		\$ _____ Other _____	

Attach Additional Sheets if needed

KIDS' COLLEGE FUNDS

Do you have a college savings plan? Y N Are you interested in adding to or starting a plan? Y N
 Would you like us to calculate how much you will need to save for your child's education? Y N

NAME _____	NAME _____	NAME _____
Relationship _____	Relationship _____	Relationship _____
Public or Private School	Public or Private School	Public or Private School
\$ _____ Goal	\$ _____ Goal	\$ _____ Goal
Current-Balance\$ _____	Current-Balance\$ _____	Current-Balance\$ _____
(Attach statements)	(Attach statements)	(Attach statements)
Mo. Contribution \$ _____	Mo.contribution\$ _____	Mo. contibution\$ _____
Texas Tomorrow Fund Y N	Texas Tomorrow Fund Y N	Texas Tomorrow Fund Y N
Details: _____	Details: _____	Details: _____

RETIREMENT INFORMATION

#1 CALCULATE RETIREMENT AT AGE ___ or Currently Retired Notes: _____
#2 CALCULATE RETIREMENT AT AGE ___ or Currently Retired Notes: _____

ACCOUNT #1: IN THE NAME OF _____ COMPANY _____
TYPE OF ACCOUNT ORP TSA IRA ROTH IRA 401k OTHER _____
BALANCE \$ _____ AS OF _____. SURRENDER VALUE \$ _____ AS OF _____
MAKING CONTRIBUTIONS? \$ _____ MONTHLY QUARTERLY OTHER _____
ALLOCATION: _____ FIXED _____ BOND FUNDS
_____ STOCK FUNDS _____ OTHER _____

ACCOUNT #2: IN THE NAME OF _____ COMPANY _____
TYPE OF ACCOUNT ORP TSA IRA ROTH IRA 401k OTHER _____
BALANCE \$ _____ AS OF _____. SURRENDER VALUE \$ _____ AS OF _____
MAKING CONTRIBUTIONS? \$ _____ MONTHLY QUARTERLY OTHER _____
ALLOCATION: _____ FIXED _____ BOND FUNDS
_____ STOCK FUNDS _____ OTHER _____

ACCOUNT #3: IN THE NAME OF _____ COMPANY _____
TYPE OF ACCOUNT ORP TSA IRA ROTH IRA 401k OTHER _____
BALANCE \$ _____ AS OF _____. SURRENDER VALUE \$ _____ AS OF _____
MAKING CONTRIBUTIONS? \$ _____ MONTHLY QUARTERLY OTHER _____
ALLOCATION: _____ FIXED _____ BOND FUNDS
_____ STOCK FUNDS _____ OTHER _____

ACCOUNT #4: IN THE NAME OF _____ COMPANY _____
TYPE OF ACCOUNT ORP TSA IRA ROTH IRA 401k OTHER _____
BALANCE \$ _____ AS OF _____. SURRENDER VALUE \$ _____ AS OF _____
MAKING CONTRIBUTIONS? \$ _____ MONTHLY QUARTERLY OTHER _____
ALLOCATION: _____ FIXED _____ BOND FUNDS
_____ STOCK FUNDS _____ OTHER _____

NOTES: _____

WILL YOU BE ELIGIBLE FOR SOCIAL SECURITY? (List dollar amounts if known.)

#1 YES NO \$ _____ at Age _____ #2 YES NO \$ _____ at Age _____
\$ _____ at Age _____ \$ _____ at Age _____

DO YOU HAVE ANY MILITARY PENSION BENEFITS?

#1 YES NO HOW MUCH \$ _____ WHEN _____
#2 YES NO HOW MUCH \$ _____ WHEN _____

WHAT WILL THE SURVIVING SPOUSE RECEIVE AT YOUR DEATH? Nothing _____%

TRS BENEFITS

#1 CURRENT NUMBER OF YEARS ____ NUMBER OF YEARS OF SERVICE UNTIL RETIREMENT ____
ANY WITHDRAWN SERVICE? ____ YEARS
ANY MILITARY SERVICE OR OUT OF STATE SERVICE? _____

IF RECEIVING TRS BENEFITS WHAT OPTION DID YOU SELECT FOR YOUR SPOUSE?

#2 CURRENT NUMBER OF YEARS ____ NUMBER OF YEARS OF SERVICE UNTIL RETIREMENT ____
ANY WITHDRAWN SERVICE? ____ YEARS
ANY MILITARY SERVICE OR OUT OF STATE SERVICE? _____

IF RECEIVING TRS BENEFITS WHAT OPTION DID YOU SELECT FOR YOUR SPOUSE?

DESCRIBE YOUR PARENT'S SITUATION:

#1 MOTHER LIVING IN GOOD HEALTH IN POOR HEALTH DECEASED
FATHER LIVING IN GOOD HEALTH IN POOR HEALTH DECEASED

#2 MOTHER LIVING IN GOOD HEALTH IN POOR HEALTH DECEASED
FATHER LIVING IN GOOD HEALTH IN POOR HEALTH DECEASED

#1 ARE YOUR PARENTS MARRIED? YES NO ARE THERE STEP-PARENTS? YES NO

#2 ARE YOUR PARENTS MARRIED? YES NO ARE THERE STEP-PARENTS? YES NO

#1 CONCERNING THEIR FINANCES:

WILL YOU HAVE TO HELP THEM FINANCIALLY? YES \$ _____ NO

IS IT POSSIBLE THAT YOU MAY HAVE AN INHERITANCE?

EXPLAIN: _____

#2 CONCERNING THEIR FINANCES:

WILL YOU HAVE TO HELP THEM FINANCIALLY? YES \$ _____ NO

IS IT POSSIBLE THAT YOU MAY HAVE AN INHERITANCE?

EXPLAIN: _____

ESTATE PLANNING

WHO IS YOUR ACCOUNTANT? _____ WHO IS YOUR ATTORNEY? _____

ARE THERE ANY CHARITIES THAT YOU ARE INTERESTED IN INCLUDING IN YOUR ESTATE PLANNING?

INSURANCE

Is everyone covered by health insurance? YES NO

#1 Smoker Non Smoker #2 Smoker Non Smoker

How much money per month would you need in the event of the death of your spouse? \$ _____

How much money per month would he/she need in the event of your death? \$ _____

Are you certain your beneficiaries are current? Yes No What do you want your insurance to do for your survivors? _____

How much PERSONALLY OWNED life insurance do you have?

#	COMPANY	DEATH BENEFIT	TYPE	PREMIUM	CASH VALUE	LOANS?
___	_____	\$ _____	_____	\$ _____	\$ _____	_____
___	_____	\$ _____	_____	\$ _____	\$ _____	_____
___	_____	\$ _____	_____	\$ _____	\$ _____	_____
___	_____	\$ _____	_____	\$ _____	\$ _____	_____

How much GROUP LIFE INSURANCE do you have?

Will you lose this coverage when you retire?

Yes No

How often do your premiums increase? _____

DEATH BENEFIT PREMIUM

\$ _____ \$ _____

\$ _____ \$ _____

Do you have a will? #1 YES NO #2 YES NO Guardian named for children? YES NO
NA

Does it reflect your current wishes? _____

Is there a trust? YES NO Type _____ Year written _____

Who has your Power-of-Attorney? _____

Describe your health and types of medications you and your spouse take _____

Do you have Long Term Care Insurance? #1 Yes No Daily Benefit: \$ _____ Company: _____

Do you have Long Term Care Insurance? #2 Yes No Daily Benefit: \$ _____ Company: _____

Are you covered by a Disability Income Insurance policy that would pay your salary if you became disabled?

COMPANY MONTHLY BENEFIT WAITING PERIOD HOW LONG DOES IT LAST

_____ \$ _____ 30/60/90 days/other _____ age65 _____ other

_____ \$ _____ 30/60/90 days/other _____ age65 _____ other

Is there anything else that I need to know about you in order to make recommendations? (Bankruptcy, tax Issues, future inheritances health issues, etc.) _____

REFERRALS TO _____