



Critical Factors Discovery Form Personal & Confidential

This preliminary worksheet helps you outline the assets and liabilities in addition to other pertinent financial information in order to allow us to have a clearer understanding of your financial picture.

INSTRUCTIONS:

In order to fully determine your current financial position and future goals, please complete this blueprint and bring the following information to your consultation:

1. Any Investment Portfolio, to include cost basis of stocks, bonds, etc.
2. Information on insurance policies, particularly life and health, disability.
3. Tax return for the previous year. (2 years preferable)
4. Current financial statements and budgets.
5. Social Security Annual Earnings Statement, if available.
6. Any settlement statements of lawsuits or divorce, if applicable.

FAMILY & GENERAL INFORMATION

Name _____		Marital Status _____	
Address _____			
(Number/Street)		(City/State/Zip Code)	
Social Security # _____	Age _____	DOB _____	Birthplace _____
Employer Name _____		Occupation _____	
Address _____			
Home Ph _____	Business Ph _____	Cell Ph _____	
Spouse's Name _____		Business Phone _____	
Social Security# _____	Age _____	DOB _____	Birthplace _____
Employer Name _____		Occupation _____	
Address _____			
Home Ph _____	Business Ph _____	Cell Ph _____	

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Children

Name	DOB	Dependent	Self-Supporting
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Dependents

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

ASSETS (Fair Market Value)

Estimated Net Worth* \$ _____

Cash

Checking Accounts	_____
Savings/Credit Union	_____
Certificates of Deposit	_____
Bank Money Market	_____
Other Money Market	_____
Other (Please Specify)	_____

Stock

Common Stocks	_____
Preferred Stocks	_____
Mutual Funds	_____
Other (Please Specify)	_____

Bonds

Municipal Bonds	_____
Corporate Bonds	_____
Government Bonds	_____
Bond Mutual Funds	_____
Other (Please Specify)	_____

Real Estate (Not Limited Partnerships)

Residence Fair Market Value	_____
Rental Prop. Fair Market Value	_____
Other (Please Specify)	_____

Receivables

Mortgage Receivable	_____
Notes Receivable	_____
Other (Please Specify)	_____

Limited Partnerships

Name	Amount
_____	_____
_____	_____
_____	_____

Retirement Plans

	Yourself	Spouse
IRA	_____	_____
Keogh/SEP/401K/TSA	_____	_____
Employer/Company	_____	_____
Other (Please Specify)	_____	_____

Other Assets (Specify Personal Property)

Name	Amount
_____	_____
_____	_____
_____	_____

*Personal property such as clothes, coin and stamp collections, etc. will not be included

LIABILITIES

Current Debt

	Monthly Payment	% Rate
Credit Card Balance	_____	_____
Loans Payable	_____	_____
Other Amounts Due	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Long Term Debt (greater than 1 yr.)

Home Mort.	Original Bal.	1st pmt date	Term	Rate	Pmt. (P&I)
_____	_____	_____	_____	____%	_____
Other Mort.	_____	_____	_____	____%	_____
_____	_____	_____	_____	____%	_____
Car Loans	_____	_____	_____	____%	_____
_____	_____	_____	_____	____%	_____
Personal Loans	_____	_____	_____	____%	_____
_____	_____	_____	_____	____%	_____
Other (specify)	_____	_____	_____	____%	_____
_____	_____	_____	_____	____%	_____

INCOME SUMMARY

Annual Gross Income (Include joint income under "Yourself")

	Yourself	Spouse
Salaries/Wages/Self-Employment	_____	_____
Retirement (Pension, Profit Sharing, etc.)	_____	_____
Social Security	_____	_____
Investments (Dividends/Interest, etc.)	_____	_____
Alimony/Child Support	_____	_____
Other (Please Specify)	_____	_____
_____	_____	_____
_____	_____	_____

DISABILITY INSURANCE

Company	Year Issued	Waiting Period	Monthly Benefit	Annual Premium	Employer Paid
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N
_____	_____	_____	_____	_____	Y N

LIFE INSURANCE

Company	Year Issued	Type*	Face Amt.	Current Cash Value	Annual Premium	Insured
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

T=Term, W=Whole Life, VL= Variable Life, VUL= Variable Universal Life, U=Universal, S=Single Pay

Do you have property insurance? _____ Do you have health insurance? _____
 Do you have auto insurance? _____ Do you have long-term care insurance? _____

Describe any special health problems? _____

YOUR INVESTMENT PERSONALITY

Please complete this section to identify your investment personality and determine the appropriate investments to help you reach your financial goals. Check one box for each question.

1. Assuming that you have \$100,000 to invest, how would you invest this money?

- (1) The safety of my money is my primary objective. I would rather have a low, but fixed rate of return than jeopardize any portion of my principal.
- (2) I want my investment to produce the current income I need, and my principal to remain relatively stable.
- (3) I am willing to accept some fluctuation in my principal in exchange for higher returns over time.
- (4) In order to receive the maximum return on my investment, I'm willing to accept a higher degree of risk.

2. Keeping in mind your primary financial goals, in approximately how many years would you expect to need this money?

- (1) Less than 1 year
- (2) 1-3 years
- (3) 3-7 years
- (4) 7+ years

3. Which one of the following describes your expected future earnings over the next five years?

- (4) I expect my earnings increases will far outpace inflation (due to promotions, new job, etc.)
- (3) I expect my earnings increases to stay somewhat ahead of inflation.
- (2) I expect my earnings to keep pace with inflation.
- (1) I expect my earnings to decrease (retirement, part-time work, economically-depressed industry, etc.).

4. How concerned are you that your savings and investment dollars can keep pace with inflation?

- (1) Not concerned
- (2) Slightly concerned
- (3) Moderately concerned
- (4) Highly concerned
- (5) Very highly concerned

5. If you are looking for your investments to grow, approximately what annual rate of return would you want/need to meet your goals?

- (4) 5%
- (6) 5%-10%
- (8) 10%+

6. How would you react if your long-term investments declined by 5% in one year?

- (1) I can't accept any declines in the value of my investments.
- (2) If the income I received didn't change, I would not be too concerned about my principal declining short-term.
- (3) I generally invest for the long term but would be concerned with this decline.
- (4) I invest for the long term and would accept these fluctuations due to short-term market influences.

7. Which one of the following statements describes your feelings toward choosing an investment?

- (2) I would select investments that have a low degree of risk associated with them.
- (4) I prefer to diversify with a mix of investments placing an emphasis on those with a low degree of risk and a small portion in others that have a higher degree of risk, that may yield a greater return.
- (6) I prefer to diversify with a balanced mix of investments.
- (8) I prefer to diversify with an aggressive mix of investments including some that have a low degree of risk, but emphasizing those that may yield greater returns, and have a higher degree of risk.
- (12) I would only select investments that have a higher degree of risk and a greater potential for higher returns.

8. Have you ever invested in individual bonds/stocks or bond/stock mutual funds?

- (1) No, but if I had, the fluctuations would make me uncomfortable.
- (2) No, but if I had, I would be comfortable with the fluctuations in order to receive the potential for higher returns.
- (3) Yes I have, but I was uncomfortable with the fluctuations, despite the potential for higher returns.
- (4) Yes I have, and I felt comfortable with the fluctuations, in order to receive the potential for higher returns.