



Basic Factfinder

Personal and Confidential

Note: Open this PDF in Adobe Acrobat to enable form filling features and saving of your answers. Do not fill it out while in your Internet browser's PDF viewer, as certain functions may not work and your answers may not be saved. To do this, you may need to save it to your desktop then reopen in Adobe Acrobat.

Client Name: _____

Date: _____

Personal Information

Personal Information

	Client	Co-Client
Full name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	_____	_____
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email address	_____	_____
Employment status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment income (please provide statement/pay stub)	\$ _____	\$ _____
Other pre-retirement income (non investment)	\$ _____	\$ _____
Citizenship	_____	_____
State of residence	_____	_____

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth	Relationship
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

Financial Goals

What are your major areas of concern? Please rank in order of importance.

Rank	Concern
<input style="width: 40px; height: 25px;" type="checkbox"/>	Financial Protection
<input style="width: 40px; height: 25px;" type="checkbox"/>	Investment Management
<input style="width: 40px; height: 25px;" type="checkbox"/>	Budgeting
<input style="width: 40px; height: 25px;" type="checkbox"/>	Emergency Fund
<input style="width: 40px; height: 25px;" type="checkbox"/>	Goal Planning
<input style="width: 40px; height: 25px;" type="checkbox"/>	Retirement Planning
<input style="width: 40px; height: 25px;" type="checkbox"/>	College Funding Planning
<input style="width: 40px; height: 25px;" type="checkbox"/>	Debt Reduction
<input style="width: 40px; height: 25px;" type="checkbox"/>	Estate Planning (wills, trusts)
<input style="width: 40px; height: 25px;" type="checkbox"/>	Bequest(s) (leaving money for heirs)
<input style="width: 40px; height: 25px;" type="checkbox"/>	Other: _____

Goals Summary – Please list major financial goals

Mark goal as a Need (N), Want (W) or Wish (☺)

Short Term (within 2 years)	Intermediate Term (2 – 8 years)	Long Term (8+ years)

Financial Goals

Retirement Goal

Base Scenario

Parameter	Client 1	Client 2
Retirement Age		
Life Expectancy		
Work in Retirement?		
Age Range		
Annual Income		
Moving for Retirement?		
State/Country		
Sell or Rent Current		
Buy New Residence		
Traveling Budget (annual)		
Age Range		
New Car Amount/Frequency		
Monthly Living Expenses (or use Budget Planner p. 18)		
Pension Income		
Social Security Income		
Other Income (explain)		

Financial Goals

Retirement Goal (Cont'd)

“What if” Scenario 1 – Only Fill-in Areas that Differ from Base Scenario

Parameter	Client 1	Client 2
Retirement Age		
Life Expectancy		
Work in Retirement?		
Age Range		
Annual Income		
Moving for Retirement?		
State/Country		
Sell or Rent Current		
Buy New Residence		
Traveling Budget (annual)		
Age Range		
New Car Amount/Frequency		
Monthly Living Expenses (or use Budget Planner p. 18)		
Pension Income		
Social Security Income		
Other Income (explain)		

Financial Goals

Retirement Goal (Cont'd)

“What if” Scenario 2 – Only Fill-in Areas that Differ from Base Scenario

Parameter	Client 1	Client 2
Retirement Age		
Life Expectancy		
Work in Retirement?		
Age Range		
Annual Income		
Moving for Retirement?		
State/Country		
Sell or Rent Current		
Buy New Residence		
Traveling Budget (annual)		
Age Range		
New Car Amount/Frequency		
Monthly Living Expenses (or use Budget Planner p. 18)		
Pension Income		
Social Security Income		
Other Income (explain)		

Financial Goals

College Funding Goals

Beneficiary				
College to Model				
# of Years				
% to Fund				

Notes:

Financial Goals

Willingness to Adjust Preferences

1. How willing are you to retire later than your Target retirement age?

- Not at All
- Slightly Willing
- Somewhat Willing
- Very Willing

2. In what order do you prefer to retire?

- Both retire in the same year
- Either can retire first
- Client can retire first
- Co-Client can retire first

3. If you had to save more, what is the maximum extra amount you could save annually to meet your goals? This amount is the above and beyond the total additions you are already making to investment assets.

\$ _____

4. How willing are you to save more money?

- Slightly Willing
- Somewhat Willing
- Very Willing

5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your Goal Amounts from the Target?

- Slightly Willing
- Somewhat Willing
- Very Willing

6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your Goal Amounts from the Target?

- Slightly Willing
 - Somewhat Willing
 - Very Willing
-

Net Worth

Accounts (Bank Accounts, IRA's, ROTH IRA's, 401k's, 529 Plans, Other Accounts)

Description	Owner	Value	Annual Additions	Goal Assigned	Statement Provided?
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
					<input type="checkbox"/> Client <input type="checkbox"/> Co-Client

Net Worth

Other Assets (Home, rental property, gold coins, antiques, automobiles, businesses, etc.)

Description	Owner	Value	Cost Basis	Goal Assigned	Annual Income Provided

Net Worth

Liabilities (Mortgage(s), auto loan(s), credit card(s), personal loan(s),etc.)

Description	Owner	Amount Owed	Interest Rate	Remaining Term	Minimum Monthly Payment

Insurance

Insurance (Auto, Health, Life, Disability Income, Long Term Care, Umbrella, etc.)

Description	Person Covered	Coverage Amount	Date Purchased	Insurance Type	Monthly Payment

Risk Questionnaire

Risk Assessment

Different investors have different risk tolerances. Much of these differences stem from the time horizon. With this in mind, an investor with a short investment time horizon is less able to withstand losses. The remaining differences are attributed to an investors tolerance for risk.

The following questions will allow us to better determine your individual Risk Profile, such as overall ability (time horizon) and willingness (risk tolerance). At the end of the questionnaire, your total score will suggest which of the five Risk Profiles suit you best. Mark scores for both Client 1 and Client 2. Score totals and sub-totals should be shown as Client 1 / Client 2. For example: 7/9.

TIME HORIZON QUESTIONS

1. When do you expect to begin withdrawing from this portfolio?

- Less than 1 year (0)
- 1 to 2 years (1)
- 3 to 4 years (3)
- 5 to 7 years (7)
- 8 to 10 years (9)
- 11 years or more (11)

Show scores as Client 1 / Client 2.
Ex, "7/9" is a 7 for Client 1 and a 9 for Client 2.

Score _____

2. Once you begin withdrawing money from your investment, over how long a period do you anticipate the withdrawals to continue?

- I plan to take a lump sum distribution (0)
- 1 to 2 years (2)
- 3 to 4 years (4)
- 5 to 8 years (5)
- 9 to 10 years (6)
- 11 years or more (8)

Score _____

Total Time Horizon Score (Questions 1-2) _____

RISK TOLERANCE QUESTIONS

3. Inflation can greatly erode the return on your investments, especially over time. For example, in a typical year with a 3.5% inflation rate, a 6% return before inflation would have a real return of only 2.5% (6% – 3.5% = 2.5%). Which of the following portfolios is most consistent with your thoughts regarding investing and inflation?

- Portfolio 1 will most likely exceed long-term inflation by a significant margin and has a high degree of volatility. (12)
- Portfolio 2 will most likely exceed long-term inflation by a moderate margin and has a moderate to high degree of volatility. (8)
- Portfolio 3 will most likely exceed long-term inflation by a small margin and has a small to moderate degree of volatility. (4)
- Portfolio 4 will most likely match inflation and has low degree of risk volatility. (0)

Score _____

4. Portfolios with the highest average returns also tend to have the highest chance of short-term losses. The table below provides the average dollar return of five hypothetical investments of \$100,000 and the possibility of lower value (ending value of less than \$100,000) or higher value (ending value of more than \$100,000) over a one - year holding period.

Please select the portfolio with which you are most comfortable investing.

	Portfolio	Expended value of \$100,000 after one year	Chance of Higher Value after one year	Chance of Lower Value after one year
<input type="checkbox"/>	Portfolio A	\$106,400	85%	15% (0)
<input type="checkbox"/>	Portfolio B	\$107,700	82%	18% (3)
<input type="checkbox"/>	Portfolio C	\$108,800	78%	22% (6)
<input type="checkbox"/>	Portfolio D	\$109,700	74%	26% (9)
<input type="checkbox"/>	Portfolio E	\$110,400	72%	28% (12)

Score _____

Risk Questionnaire

5. Investing involves a trade-off between risk and return. Historically, investments with higher returns have been associated with greater risk and chance for loss. Alternatively, cautious investments that have had a lower chance for loss, also have yielded lower returns.

Considering the above, which of the following statements best describes your thoughts regarding risk?

- I am most concerned with risk. I am willing to accept the lower returns in order to limit my chance of loss. (0)
- I am willing to bear some risk and chance for loss in an effort to achieve slightly higher returns, but prefer a significant portion of my portfolio to be **invested cautiously in assets**. (3)
- I am willing to accept moderate risk and chance of loss in order to achieve higher returns. Limiting risk and **maximizing returns** are of equal importance to me. (6)
- I wish to achieve high returns on my investments. I am willing to accept high risk and chance of loss. (9)
- I am primarily concerned with **maximizing** the returns of my **investments** and **am willing** to accept large and sometimes dramatic short-term fluctuations in the value of this portfolio. (12)

Score _____

6. Sometimes investment losses are permanent, sometimes they are prolonged, and sometimes they are short-term followed by market recoveries.

How might you respond when you experience investment losses?

- Even if my investments suffered a significant decline over several years, I would continue to follow my long-term investment strategy and not adjust my portfolio. (12)
- I can endure significant declines in the value of my investments and would wait at least one year before adjusting my portfolio. (8)
- Although declines in investment value make me uncomfortable, I would wait one - two quarters before adjusting my portfolio. (4)
- I would sell my investments immediately or change to a more conservative portfolio if they suffered substantial declines. (0)

Score _____

7. The options below describe five sample portfolios and their potential* portfolio gain and loss outcomes over a short time horizon (i.e. 1 year).

Note: Investments carrying a higher risk come with the potential of achieving more gains, but also a higher possibility of incurring considerable losses. *Potential portfolio gain/loss values are for illustrative purposes. Clients should not rely on such figures to be indicative of their portfolio gain/loss with the bank.



Which of the following sample portfolios would be most attractive to you?

- Portfolio A (0)
- Portfolio B (3)
- Portfolio C (6)
- Portfolio D (9)
- Portfolio E (12)

Score _____

Total Risk Tolerance Score (Questions 3-7) _____

Risk Questionnaire

DETERMINING RISK PROFILE

The Summary Score Grid below uses the subtotals you calculated in the preceding time horizon and risk tolerance scores. To use the chart, find your Risk Tolerance Score along the left side and your Time Horizon Score across the top. Locate the intersection point situated in the area that corresponds to your Risk Profile.

Summary Score Grid

Time Horizon Score <small>Risk Tolerance Score</small>	0-2	3-5	6-7	8-9	10+
0-8	Conservative	Conservative	Conservative	Conservative	Conservative
9-23	Conservative	Moderately Conservative	Moderately Conservative	Moderately Conservative	Moderately Conservative
24-38	Conservative	Moderately Conservative	Moderate	Moderate	Moderate
39-53	Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Moderately Aggressive
54-60	Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive

Person	Client 1	Client 2	Household Average
Time Horizon Score:			
Risk Tolerance Score:			
Risk Profile:			

Client Acceptance of Risk Profile

I have reviewed this risk tolerance questionnaire, understood all the questions, and answered them to the best of my ability. I understand that, should my answer(s) change in the future, I am responsible for notifying my Cogent Advisor.

Client 1: _____

Date: _____

Client 2: _____

Date: _____

Estate Analysis

Estate Documents

Do you have...

Client

Co-Client

Revocable Trust

No Yes

No Yes

Date Last Reviewed

Will

No Yes

No Yes

Includes Bypass Trust

No Yes

Date Last Reviewed

Medical Directive

No Yes

No Yes

Power of Attorney

No Yes

No Yes

Document Checklist

Document/Statement Checklist - Bring with you or upload to your secure portal:

Assets			
Bank	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	IRA/ROTH IRA	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Brokerage	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	401k/TSP	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
529 Plan	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Pension Plan	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Stock Options	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Deferred Compensation	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Other Employer Plan (SEP, Profit Sharing, Simple IRA, etc.)	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Annuity	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Mutual Fund Company Statement(s)	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Health Care Savings Account (HSA)	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Income and Taxation			
Tax Returns, last year	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Tax Returns, 2 years ago	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Recent Pay Stubs	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Recent Social Security Statements	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Insurance			
Auto & Home	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Life	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Long Term Care	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Disability Income	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Estate			
Family Trust	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Will	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Irrevocable Trust	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client		
Liabilities			
Mortgage(s)	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Credit Card(s)	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client
Auto Loans(s)	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	Personal Loan(s)	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client

Budget

Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Co-Client		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Co-Client		
Life for Client		
Life for Co-Client		
LTC for Client		
LTC for Co-Client		
Medical for Client		
Medical for Co-Client		
Umbrella Liability		
Other		

Taxes

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Co-Client FICA		
Co-Client Medicare		
Federal Income		
State Income		
Local Income		
Other		

Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

Budget

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Budget Summary

Current

Alt 1/ Retirement

Monthly Income

Monthly Expenses

Surplus/Deficit

Attestation

Client Attestation

I have answered the questions in the Basic Factfinder to the best of my ability and supplied as much documentation as possible to corroborate these answers. I understand my answers will be used to create a financial plan which will generate results based upon my answers. I understand that, should my answer(s) materially change during the creation of my financial plan, I am responsible for notifying my Cogent Advisor.

Client 1: _____

Date: _____

Client 2: _____

Date: _____