

# FRYE FINANCIAL CHECKLIST

This *Fact Finder* is designed to help you gather the required information for your customized financial plan. These items are necessary to create a complete and thorough picture of your current and *future* financial situation. Please fill out whichever portions you can and we will help you complete the rest of the form during your first meeting with our professional financial planners.

You will need the following documents to complete this packet.

- Tax returns
- Pension statement from employer
- All life insurance and disability insurance policies
- Latest statements from trust companies, brokers, investment companies and banks pertaining to investments
- Budget of personal and living expenses
- Latest mortgage and other loan statements
- Latest will and power of attorney
- Other relevant documentation.

## Client Information

### Base Family

Marital Structure: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_  
(e.g. married, divorced, single)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Basic

<p style="text-align: center;"><b><u>CLIENT</u></b></p> <p>First Name: _____</p> <p>Gender: _____ Date of Birth: _____  <small>(mm/dd/yy)</small></p> <p>Social Security Number: _____</p> <p>Fax: _____ Business Phone: _____  <small>(If different from the previous section)</small></p>	<p style="text-align: center;"><b><u>CO-CLIENT</u></b></p> <p>First Name: _____</p> <p>Gender: _____ Date of Birth: _____  <small>(mm/dd/yy)</small></p> <p>Social Security Number: _____</p> <p>Fax: _____ Business Phone: _____  <small>(If different from the previous section)</small></p>
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Name of Child or Dependent	Gender	Date of Birth

### Advisors

#### Advisors

Attorney: \_\_\_\_\_

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

# Assumptions

## Milestones

**CLIENT**

Retirement Date: \_\_\_\_\_  
*Age / Date (mm/dd/yy)*

Life Expectancy: \_\_\_\_\_  
*Age / Year*

**CO-CLIENT**

Retirement Date: \_\_\_\_\_  
*Age / Date (mm/dd/yy)*

Life Expectancy: \_\_\_\_\_  
*Age / Year*

## Tax

Member	Filing Type <small>(e.g. Married-Joint, Head of Household, Single)</small>	Income <small>(Annual Amount)</small>	Average Tax Rate <small>(%)</small>	Marginal Tax Rate <small>(%)</small>
Client				
Co-Client				

## Return Rates

### Taxable and Non-Taxable Assets

Investment Objective: Aggressive Growth  Growth  Growth with Income  Income with Moderate Growth  Income with Capital Preservation

# Incomes

## CLIENT

## CO-CLIENT

### Incomes

Salary: \$ \_\_\_\_\_

Is This Salary Indexed to Inflation? Yes  +/- \_\_\_\_\_ % No

Annual Salary: \$ \_\_\_\_\_

Is This Salary Indexed to Inflation? Yes  +/- \_\_\_\_\_ % No

Description	Owner <small>(Client, Spouse, Joint)</small>	Annual Amount	Applicable Period <small>(e.g. Jan. 1990 - Dec 2011)</small>	Index to Inflation <small>(Yes / No)</small>
Self-Employed				
Misc. Dividend				
Tax-Free				
Royalty				
Alimony				
Defined Benefit				
Child Support				

## Defined Benefit Pensions

Owner <small>(Client, Co-Client)</small>	Expected Annual Pension \$	Owner's Age When Benefits Begin	Payment till Deceased Y/N	Indexed to Inflation? <small>(Yes / No)</small>	Percentage Payable to Survivor

### Social Security

Owner (Client, Co-Client)	Eligible for Benefits? (Yes / No)	Benefits Start at Age	Start at Retirement? (Yes / No)	Years Worked to Date	Benefits Based on Average Annual Salary	Estimated Monthly Benefit (if not known, leave blank)

### Expenses

#### Lifestyle

Description	Owner (Client, Co-Client, Joint)	Monthly Amount	Applicable Period (e.g. Jan. 15, 2000 - Jan 15, 2025)	Index to Inflation (Yes / No)
Housing				
Food				
Transportation				
Entertainment				
Personal				

#### Employment

Description	Owner (Client, Co-Client, Joint)	Monthly Amount	Applicable Period (e.g. Jan. 15, 2000 - Jan 15, 2025)	Index to Inflation (Yes / No)
Employment				
Business				

### Assets

#### Qualified

Description (Name)	Owner (Client, Co-Client, Joint)	Type (e.g. IRA, Spousal IRA, Other)	Purchase Date	Market Value (As of the start of the year)	Cost Basis (As of the start of the year)	Return Rate	Linked To (Retirement Goal, Education Goal, Major Purchase Goal)

#### Non-Qualified

Description (Name)	Owner (Client, C, Joint)	Type (e.g. Mutual Fund, Stock, Bond)	Purchase Date	Market Value (As of the start of the year)	Cost Basis (As of the start of the year)	Return Rate (Interest=I, Dividend=D, Capital Gains=CG, Deferred Growth=DG)	Linked To (Retirement Goal, Education Goal, Major Purchase Goal)

#### Personal Use

Description (Name)	Owner (Client, Co-Client, Joint)	Type (e.g. Personal Use Property, Residence)	Purchase Date	Market Value (As of the start of the year)	Growth Rate (%)

**Deferred Annuities**

**Variable Annuity #1**

Type: \_\_\_\_\_  
 (e.g. Amount Certain, Term Certain, Life Income, etc.)

Payment Frequency: \_\_\_\_\_  
 (e.g. Annually, Monthly, etc.)

Ownership: \_\_\_\_\_

Annuitant(s): Client  Co-Client  Joint

Payment per \$1000: \$ \_\_\_\_\_ Annually  Monthly

Beneficiary: \_\_\_\_\_

Start Date: \_\_\_\_\_ Guaranteed Number of Years: \_\_\_\_\_

Account type: General  Separate

Cost Basis: \$ \_\_\_\_\_ Start of Year Basis: \$ \_\_\_\_\_

Additional Information: \_\_\_\_\_  
 (e.g. Initial Premiums, Start of Year M.V., etc.)

**Loans**

**Loans**

Description	Owner (Client, Co-Client, Joint)	Start Date	Interest Rate	Payment Type (e.g. Interest Only, PI)	Amortization (Years)	Payment Frequency (e.g. Weekly, Monthly)	Outstanding Principal Amount	Outstanding Principal Date	Insured (Yes / No)

**Strategies**

**Savings**

Asset Name	Owner (Client, Co-Client)	Amount	Frequency (e.g. Monthly, Weekly)	Indexed to Inflation	When is this Transaction Applicable? (While Working, While Retired, Both, Other - e.g. Jan. 1990 - Dec 2025)

**Surplus Savings**

Asset Name	Percentage of Surplus	When is this Transaction Applicable? (Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 2003)

**Debt Modification**

**Regular**

Liability Name	Amount	Frequency <small>(e.g. Monthly, Weekly)</small>	Index to Inflation	When is this Transaction Applicable? <small>(While Working, While Retired, Both, Other - e.g. Jan. 1990 - Dec 2011)</small>

**Lump Sum**

Liability Name	Amount	Index to Inflation	When is this Transaction Applicable? <small>(Upon Retirement, Upon Disability, Upon Death, Other - e.g. Jan. 15, 2003)</small>

**Goals**

**Retirement**

Desired Income (after tax): \$ \_\_\_\_\_ Indexed to Inflation? Yes  No

Savings Plan Start Date: \_\_\_\_\_ Indexed to Inflation? Yes  No

Link the Following Assets to this Goal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education**

Description <small>(e.g. John's College Tuition)</small>	Education Start Age	Yearly Education Costs	Education Costs Indexed to Inflation?	Savings Plan Start Age	Savings Plan Indexed to Inflation?
Goal 1					
Goal 2					
Goal 3					
Goal 4					

**Major Purchase**

Description <small>(e.g. Vacation)</small>	Purchase Amount	Purchase Date	Purchase Indexed to Inflation?	Savings Plan Start Date	Savings Plan Indexed to Inflation?	Linked Assets <small>(Assets that will be used to fund this goal)</small>

# Insurance & Estate Planning

## Life Insurance

Calculate Life Insurance Required for: Client  Co-Client  Survivorship Needs

Percentage of Retirement Goal to Cover: % \_\_\_\_\_ Percentage of Expenses to Cover: % \_\_\_\_\_

Additional Annual Incomes: \_\_\_\_\_

Member	Lump Sum Needs	Needs Indexed to Inflation (Yes / No)	Additional Annual Expenses (e.g. Child Care)	Expenses Indexed to Inflation (Yes / No)
Client				
Co-Client				

Proceeds Earn: % \_\_\_\_\_ Premium per \$1000: \$ \_\_\_\_\_

### Coverage Owned (Existing Life Policies)

Type (e.g. Whole Life, Variable, Term)	Policy Name	Insured Member (e.g. Client, Co-Client, Joint 1st to Die, Other)	Beneficiary (e.g. Client, Co-Client, Joint 1st to Die, Other)	Premium Payer	* Death Benefit	* Premiums	* Cash Surrender Value

## Disability Insurance

Calculate disability insurance required for: Client  Co-Client

Percentage of Retirement Goal to Cover: % \_\_\_\_\_ Percentage of Expenses to Cover: % \_\_\_\_\_

Member	Lump Sum Needs	Needs Indexed to Inflation (Yes / No)	Additional Annual Expenses (e.g. Nursing Care)	Expenses Indexed to Inflation (Yes / No)
Client				
Co-Client				

### Coverage Owned (Existing Disability Insurance Policies)

Description (Group LTD, Group STD, Individual Disability)	Insured Member	Effective Date	Monthly Benefit	Taxable (Yes / No)	Monthly Premium	Waiting Period	Coverage Applies Until Age

**Estate Planning Setup****General**Will & Advance Directives InformationDo you have a Will? Yes  No 

Last updated on: \_\_\_\_\_

Does your co-client have a Will? Yes  No 

Last updated on: \_\_\_\_\_

Location of Will: \_\_\_\_\_

Have you designated a Health Care Surrogate? Yes  No Has your co-client designated a Health Care Surrogate? Yes  No Do you have a Living Will? Yes  No Does your co-client have a Living Will? Yes  No Do you have a Power of Attorney? Yes  No Does your co-client have a Power of Attorney? Yes  No **Historical Data**

	Client	Co-Client
Taxable Lifetime Gifts		
Gift Taxes Already Paid		
Lifetime GSTT Exemption Used		

**Existing Trusts**UCT Information (established trusts)

Trust Name <small>(Unified Credit Trust)</small>	Market Value	Cost Basis	Income to Spouse (%)	Income to Heirs (%)	Heirs Tax Rate	Additional Notes

UCT Information (future trusts)

Trust Name <small>(Unified Credit Trust)</small>	Amount <small>(Amount transferred or maximize exclusion)</small>	Income to Spouse (%)	Income to Heirs (%)	Heirs Tax Rate	Additional Notes

ILIT Information

Trust Name <small>(Irrevocable Life Insurance Trust)</small>	Insured	Premium Payer	Death Benefit	Current CSV	Beneficiaries	Additional Notes

**Gifts Growth & History**

<b>Beneficiary Name</b>	<b>Growth Rate</b> <small>(On property given to beneficiary)</small>	<b>Tax Rate on Growth</b>	<b>Prior Gifts from Client</b>	<b>Prior Gifts from Co-Client</b>	<b>Prior Payments from Trusts of Client</b>	<b>Prior Payments from Trusts of Co-Client</b>

**Estate Expenses**

<b>Owner</b>	<b>Expense Name</b>	<b>Amount</b>	<b>Index to Inflation</b> <small>(Yes / No)</small>
Client			
Co-Client			
First to Die			
Second to Die			