

# Financial Planning Condensed Factfinder

Please include annual amounts and provide the latest account statements.

Date \_\_\_\_\_

Client/Co-Client		
Name	DOB	<input type="radio"/> Not a U.S. Citizen
Name	DOB	<input type="radio"/> Not a U.S. Citizen
Home Address		
Tax Filing Status: <input type="radio"/> Single <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly <input type="radio"/> Married Filing Separately		

Children/Dependents			
Name	DOB	Name	DOB
Name	DOB	Name	DOB

Income	Gross Salary	Bonus/Other	Income	Gross Salary	Bonus/Other
Name	\$	\$	Name	\$	\$
	\$	\$		\$	\$

Social Security	FRA Amount (If not Receiving)/ Amount Currently Receiving	Amount	COLA	Survivorship Percentage	Start Date
Name	Pension Income				
Name	Pension Income				

Assets	Owner(s)	Purchase Price	Current Value	Property Taxes	Loan
Personal Residence					See Below
Second Residence					See Below
Rental Property					
Vehicle 1					
Vehicle 2					
Personal Assets					
Other					

Liabilities	Current Balance	Start Date	Term	Interest Rate	Payment (P & I only)	Add. Pmt.
Mortgage						
Mortgage/ HELOC						
Credit Cards						
Students Loans						
Other Loan						

Fixed Expenses	Amount	Discretionary Expenses	Amount	Discretionary Expenses	Amount
Housing (excluding mortgage)	\$ /yr	Furnishings	\$ /yr	Charity	\$ /yr
Medical	\$ /yr	Personal Care/Cash	\$ /yr	Gifts	\$ /yr
Transportation	\$ /yr	Child Care	\$ /yr	Pets	\$ /yr
Groceries	\$ /yr	Vacation	\$ /yr	Professional Services	\$ /yr
Clothing	\$ /yr	Entertainment	\$ /yr	Miscellaneous	\$ /yr
Total	\$ /yr	Total	\$ /yr	Total	\$ /yr

Cash Accounts		Checking	Savings/Money Markets	Money Market/CDs
Name:		\$	\$	\$
Name:		\$	\$	\$

  

Investments (e.g. 401(k), IRA, After-Tax)	Account Type	Balance	Contribution/Savings (pre-tax, post-tax, roth)	Employer Contributions (% of salary, fixed amount)
Owner:				
Owner:				
Owner:				
Owner:				

  

Group/Individual Life Insurance	Owner/Beneficiary	Start Date	Type/Term	Death Benefit	Premium	Cash Value
Insured:						
Insured:						
Insured:						

  

Group/Individual Disability Insurance	Type	Waiting Period	Benefit Amount	Premium	Benefit Period	COLA
Insured:						
Insured:						

  

Long Term Care	Waiting Period	Benefit Amount	Premium	Benefit Period	Hybrid (If Applicable)
Insured:					Hybrid <input type="radio"/> Life <input type="radio"/> Annuity
Insured:					Hybrid <input type="radio"/> Life <input type="radio"/> Annuity

  

Property & Casualty	Type	Premium	Umbrella Insurance	
Asset:			Coverage Amount	\$
Asset:			Premium	\$

  

Insurance/Medicare	Insured	Premium/Contribution	Type
Health Insurance	Name:		<input type="radio"/> HMO <input type="radio"/> POS <input type="radio"/> Medicare
	Name:		<input type="radio"/> PPO <input type="radio"/> High Deductible
Dental Insurance	Name:		<input type="radio"/> Basic <input type="radio"/> Premium
	Name:		<input type="radio"/> Basic <input type="radio"/> Premium

  

Healthcare Savings	Balance	Contributions	Withdrawals
HSA			
FSA			

  

Estate							
Wills	<input type="radio"/> Yes <input type="radio"/> No	Date Est.	Last Rev:	Power Of Attorney:	<input type="radio"/> Yes <input type="radio"/> No	Date Est.	Last Rev:
Trusts	<input type="radio"/> Yes <input type="radio"/> No	Date Est.	Last Rev:	Healthcare Proxy:	<input type="radio"/> Yes <input type="radio"/> No	Date Est.	Last Rev:
Do you currently have guardianship provisions?				<input type="radio"/> Yes <input type="radio"/> No	Are you the guardian for someone else?		
Do you work with a CPA?				<input type="radio"/> Yes <input type="radio"/> No	Are you using any estate distribution strategies (gifting, charitable giving)?		
				<input type="radio"/> Yes <input type="radio"/> No			

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