

# Arch Brokerage Inc.

## Financial Information Fact-Finder

Name: _____ First, Last	Birth Date: ___/___/___ MM/DD/YY	Social Security #: _____	
Daytime Phone: ( ) --	Occupation: _____	Company: _____	
License #: _____	State: _____	Yrs. Of Service: _____	
Tobacco User: Y or N	Address: _____	Birthplace (City, State): _____	
Date of Last Use: _____			
Spouse: _____ First, Last	Birth Date: ___/___/___ MM/DD/YY	Social Security #: _____	
Daytime Phone: ( ) --	Occupation: _____	Company: _____	
License #: _____	State: _____	Yrs. Of Service: _____	
Tobacco User: Y or N	Address: _____	Birthplace (City, State): _____	
Date of Last Use: _____			
Children: _____	Birth Date: ___/___/___ MM/DD/YY	Children: _____	Birth Date: ___/___/___ MM/DD/YY
Children: _____	Birth Date: ___/___/___ MM/DD/YY	Children: _____	Birth Date: ___/___/___ MM/DD/YY
Home Address: _____	Evening Phone: ( ) --	Best Time to Call _____	

### Goals/Concerns/Objectives (Prioritize)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

### Financial Information / Advisors

Annual Income(s): Client \$ _____/yr.	Spouse \$ _____/yr.
Net Check(s): Client \$ _____/(wk./2wks./mo.)	Spouse \$ _____/(wk./2wks./mo.)
Do you have a current monthly budget? Yes or No Estimated Monthly Expenses _____/mo.	
<input type="checkbox"/> Do you have someone assisting you with your income tax strategies and preparation at this time? Yes or No	
Tax Preparer (CPA, Accountant, etc...) _____ Company _____	
Did you receive a tax refund last year? Yes or No Tax Refund \$ _____	
<input type="checkbox"/> Would you like a complimentary review of your will /living trust? Yes or No Who handles your legal concerns?	
Legal Advisor _____ Company _____	
<input type="checkbox"/> Who takes care of your insurance needs in these areas:	
Risk Management? Name _____ Company _____	
Income Replacement? Name _____ Company _____	
<input type="checkbox"/> Is there a Bank or Mortgage Company that assists you with your finances? Yes or No	
Bank _____ Mortgage Company _____	
<input type="checkbox"/> Does anyone assist you with planning for retirement, college or health care issues (LTC)? Yes or No	
Company _____ Representative _____	
How often do all of these advisors communicate? _____ Do you have a Financial Coordinator? Yes or No	

**A s s e t s**

<b>TAXABLE</b> [Savings, CDs, Money Mkt., Securities, Mutual Funds, Pension(s), Social Security Benefit(s)]					
Type of Program	Current Value/Benefit Amt.	% Return	Contr./Match	Mode	Purpose/Objective
_____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____
<b>TAX-DEFERRED</b> [401(k), SEP, Profit-Sharing, Reg. IRA, TSA/403(b), Annuities (Fixed or Variable)]					
_____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____
<b>TAX-FREE</b> [Muni-Bonds, Roth IRA, Home Equity, V.U.L.]					
_____	\$ _____	_____	\$ _____	_____	_____
_____	\$ _____	_____	\$ _____	_____	_____

**L i a b i l i t i e s**

<b>Mortgages</b> (1 <sup>st</sup> , 2 <sup>nd</sup> , L.O.C.) <b>Loans</b> (Auto, Education, Personal, Business) <b>Credit Cards</b> (M.C., Visa, Store Cards)						
Type of Loan	Amount Borrowed	Monthly Payment	Remaining Balance	% Rate	Yrs./Left	Current Value
_____	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____

On 1<sup>st</sup> Mortgage Pmt: PI or PITI ?

**R i s k M a n a g e m e n t / I n c o m e R e p l a c e m e n t**

Risk Management:	Company	Premium	X - Date	Notes:
<b>AUTO</b>	_____	\$ _____	_____	_____
<b>HOME</b>	_____	\$ _____	_____	_____
<b>OTHER</b>	_____	\$ _____	_____	_____

**Life Insurance, Disability, Long Term Care:**

Individual Covered	Type of Policy	Company	Mode	Premium Amt.	Amount of Benefit	Cash Value/ Benefit Period
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

R-4-2000