



Preliminary Client Fact Finder

We are committed to helping you align your financial goals with your personal aspirations and values at every stage in your life. To better guide you to your desired outcomes, please provide us with the information below. Please indicate "none" or "n/a" where appropriate.

Financial Advisor: _____ | Date: _____

Client #1 Name:	DOB:	US Citizen:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Marital Status:
Client #2 Name:	DOB:	US Citizen:	Y <input type="checkbox"/>	N <input type="checkbox"/>	

Address:	City, State, Zip:
Home Phone:	E-mail:
Client #1 Cell Phone:	Client #2 Cell Phone:

Family Data (use the tab key to add additional lines to any section)

Children	DOB	Marital Status	US	Citizen	Spouse	DOB	Marital Status	US	Citizen
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>

Grandchildren	Grandchildren								
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>

Great Grandchildren	Great Grandchildren								
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>

Investment and Insurance Products are:

- Not Insured by the FDIC or Any Federal Government Agency
- Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate
- Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

Owner-Occupied Real Estate

Owner-Occupied Real Estate Address or City	Current Value	Tax Basis	Pre-Retire Expected Growth Rate	Post-Retire Expected Growth Rate	Owner

Investment Real Estate

Investment Real Estate Address or City	Current Value	Tax Basis	Pre-Retire Expected Growth Rate	Post-Retire Expected Growth Rate	Owner	Annual Net Income

Investment Accounts (non-Retirement)

Type/ Institution Name	Current Value	Tax Basis	Pre-Retire Expected Growth Rate	Post-Retire Expected Growth Rate	Transfer on Death or Pay on Death (If so, please add recipient)	Owner

Retirement Accounts (e.g., IRA, 401k, 403b, Deferred Compensation)

Type/ Institution Name	Current Value	Pre-Retire Expected Growth Rate	Post-Retire Expected Growth Rate	Owner	Primary Beneficiary	Employee Contribution	Employer Contribution

Business Interests (including any LLCs that own real property)

Business Name	Current Value	Tax Basis	Pre-Retire Expected Growth Rate	Post-Retire Expected Growth Rate	Owner	Business Type	Annual Net Income

Liabilities (mortgages, lines of credit, personal loans, credit cards, etc.)

Institution Name	Collateral (if any)	Current Balance	Monthly Payment (only P&I)	Date of Origination	Interest Rate	Loan Term

Income (current and future Salary/Bonus, Social Security, Pension, Deferred Comp, Other Retirement Income)

	Recipient	Payee	Full Retirement Age Amount	Projected Annual % Increase	Destination Account	Starts (e.g., current, at retirement or at a specific year)	Ends (e.g., at retirement, at death, or at a specific year)
Salary/Bonus	Client #1						
Salary/Bonus	Client #2						
Social Security	Client #1 to start @ age	US Gov	Full retirement age amount				
Social Security	Client #2 to start @ age	US Gov	Full retirement age amount				
Deferred Comp Contribution							
Deferred Comp Vesting							
Restricted Stock Units Grant							
Restricted Stock Units Vesting							
Non-Qualified Stock Options							
Pension							
Pension							
Other Retirement Income							
Other Retirement Income							

Notes:

Spending and Desired Retirement Ages (do not include income taxes, insurance premiums or liability payments in “spending”)

	Current Annual Spending	Desired Age for Semi-Retirement (if applicable)	Desired Annual Spending at Semi-Retirement (if applicable)	Desired Age of Retirement	Desired Annual Spending at Retirement	Advanced Age	Desired Annual Spending at Advanced Age
Client #1							
Client #2	Provide combined spending above		Provide combined spending above		Provide combined spending above		Provide combined spending above

Insurance (life, long term care and disability)

	Life Insurance Policy #1	Life Insurance Policy #2		Long Term Care Policy	Disability Policy
Policy Number			Policy Number		
Institution Name			Institution Name		
Purchase Date			Purchase Date		
Policy Type			Insured		
Person Insured			Benefit Amount		
Owner			Owner		
Beneficiary			Annual Premium		
Death Benefit			Premium Term		
Cash Value			Premium Payer		
Annual Premium			Elimination Period		
Premium Term			Benefit Period		
Premium Payer			COLA		

Financial Goals (only include goals that would not be included in your regular annual spending)

	Description of Goal	Approximate expenditure amount	In what year(s) would you like to make this expenditure?	From which account would you like to make this expenditure?	Do you expect to finance this expenditure? (if so, provide estimated amount to finance, term, rate)
Education Expenses					
Travel					
Home Improvement					
Wedding / Celebration					
Charitable Gifts					
Gifts to Family Members					
New Car					
New Home					

Desired Future Sale of Assets

	Description of Asset to sell in the future	In what year might you want to complete this sale?	What would you like to do with the sale proceeds?
Real Estate			
Business Interests			
Other			

Current Estate Planning Documents

	Simple Will	Revocable Living Trust	Health Care / Medical Directive	Durable Power of Attorney	Special Needs Trust	Life Insurance Trust	Other Irrevocable Trust
Client #1	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Client #2	Date:	Date:	Date:	Date:	Date:	Date:	Date:

Notes:

Professional Advisors (for our records)

	Name	Name of Company	Address	Phone Number	Email
Accountant					
Attorney					
Insurance Agent					

Kindly Provide the Following Documents (for a comprehensive financial analysis)

- 1 Statements for all outside investment accounts and bank accounts
- 2 Statements for all retirement accounts
- 3 Statements for all life insurance policies
- 4 Social Security statements (from www.SSA.gov)
- 5 Estate Planning Documents (if applicable)
- 6 Most recent Gift Tax Return (if applicable)

This profile is not complete without and does not replace your "Client and Account Questionnaire" kept by your financial advisor in your client file. Please notify your financial advisor if any updates are required to that document. If there are any discrepancies between this document and your "Client and Account Questionnaire", the information contained in that document will take precedence.

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