

# Fact finder



Annuity

Date \_\_\_\_\_

## Personal and family information

Name	Date of birth	Social Security number	Email address
Client _____	- -	_____	_____
Spouse _____	- -	_____	_____
Children _____	- -	_____	_____
_____	- -	_____	_____
_____	- -	_____	_____
_____	- -	_____	_____

## Residence information

Street address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Own? Mortgage payment \$ \_\_\_\_\_ Mortgage balance \$ \_\_\_\_\_

Rent? Monthly rent \$ \_\_\_\_\_

## Legal and financial professional information

Client's will (if applicable) Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Type \_\_\_\_\_

Spouse's will Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Type \_\_\_\_\_

Client's trust Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Type \_\_\_\_\_

Spouse's trust Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Type \_\_\_\_\_

Attorney's name \_\_\_\_\_ Phone \_\_\_\_\_

Accountant's name \_\_\_\_\_ Phone \_\_\_\_\_

## Employment/income information

Client	Spouse
Occupation _____	_____
Employer _____	_____
Business street _____	_____
Address _____	_____
City, state, ZIP _____	_____
Phone number _____	_____
Fax number _____	_____
Email address _____	_____
Annual income \$ _____	\$ _____
Other income \$ _____	\$ _____

## Financial information

Assets		Liabilities	
Savings	\$ _____	Installment loans	\$ _____
Investments	_____	Mortgage(s)	_____
IRA(s)	_____	Charge accounts	_____
Real estate	_____	Credit cards	_____
Business interests	_____	Personal notes	_____
Personal property	_____	Business debt	_____
Other annuities	_____	Other	_____
CDs	_____		
Mutual funds	_____		
Pensions	_____		
Other	_____		
<b>Total assets</b>	<b>\$ _____</b>	<b>Total liabilities</b>	<b>\$ _____</b>
Monthly systematic savings \$ _____		Average monthly expenses \$ _____	

## Insurance information

### Life insurance

Insured	Company	Policy number	Policy date	Face amount	Annual premium	Beneficiary
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	

### Other insurance

Monthly disability benefit	Client \$ _____	Spouse \$ _____
Health insurance	Client _____	Spouse _____
P&C expiration Dates	Auto _____	Homeowners _____
		Other _____

## Planning priorities

	High	Medium	Low	None
Protecting family's lifestyle	_____	_____	_____	_____
Protecting income	_____	_____	_____	_____
Providing education funds	_____	_____	_____	_____
Implementing savings plan	_____	_____	_____	_____
Planning for retirement	_____	_____	_____	_____
Minimizing estate shrinkage	_____	_____	_____	_____
Planning for business continuation	_____	_____	_____	_____
Lower income taxes	_____	_____	_____	_____
Hedge inflation	_____	_____	_____	_____
Peace of mind	_____	_____	_____	_____
Assure proper disposition of assets	_____	_____	_____	_____
Increase current income	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

Please provide accurate and complete information. This fact finding form is intended only as a tool to collect information to assist the agent and client during the sales process. It is not a form required by North American Company. Additional information may be needed prior to the purchase of an insurance product.