



Fact Finder

Date: _____

Personal and Family Information

	Name	Date of Birth	Social Security No.	E-Mail Address
Client	_____	___/___/___	_____	_____
Spouse	_____	___/___/___	_____	_____
Children	_____	___/___/___	_____	_____
	_____	___/___/___	_____	_____
	_____	___/___/___	_____	_____
	_____	___/___/___	_____	_____

Residence Information

Street Address: _____

City, State, Zip: _____ Telephone No: _____

Own? Mortgage Payment: \$ _____ Mortgage Balance: \$ _____

Rent? Monthly Rent: \$ _____

Professional Advisor 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 No.: _____

Accountant's Name: _____ Phone No.: _____

Employment/Income Information

	Client	Spouse
Occupation:	_____	_____
Employer:	_____	_____
Business Street:	_____	_____
Address:	_____	_____
City, State, Zip:	_____	_____
Phone Number:	_____	_____
Fax Number:	_____	_____
E-Mail 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 _____	
Total Assets \$ _____	Total Liabilities \$ _____
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.