



# TSA FACT FINDER

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
SPOUSE: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
WK PH: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_

SPOUSE EMPLOYER: \_\_\_\_\_  
WK PH: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_

CHILDREN  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CURRENT TSA: \_\_\_\_\_ ANNUAL DEPOSIT: \_\_\_\_\_ YR STARTED: \_\_\_\_\_  
WHAT DO YOU LIKE MOST ABOUT IT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU LIKE LEAST ABOUT IT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW COULD I HELP YOU THE MOST?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ON A SCALE OF 1-5 (1 BEING CONSERVATIVE- 5 BEING VERY AGGRESSIVE) WHERE DO YOU SEE YOURSELF? \_\_\_\_\_

WHEN DO YOU WANT TO RETIRE? \_\_\_\_\_

HOW MUCH OF YOUR CURRENT INCOME WILL YOU NEED TO RETIRE ON? \_\_\_\_\_

WHAT DO YOU THINK INFLATION WILL BE DOING IN THE FUTURE? \_\_\_\_\_

WOULD YOU LEAVE YOUR SPOUSE PART OF YOUR RETIREMENT INCOME? \_\_\_\_\_

### CURRENT LIFE INSURANCE

INSURED \_\_\_\_\_ CO \_\_\_\_\_ AMT: \_\_\_\_\_ PREMIUM: \_\_\_\_\_  
INSURED \_\_\_\_\_ CO \_\_\_\_\_ AMT: \_\_\_\_\_ PREMIUM: \_\_\_\_\_  
INSURED \_\_\_\_\_ CO \_\_\_\_\_ AMT: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

### WHAT OTHER AREAS COULD WE HELP YOU WITH?

LIFE INSURANCE \_\_\_\_\_ ROTH IRA \_\_\_\_\_ IRA \_\_\_\_\_ EDUCATIONAL FUNDING \_\_\_\_\_  
LTC \_\_\_\_\_ DI \_\_\_\_\_ SAVINGS AND INVESTMENTS \_\_\_\_\_ HEALTH INS \_\_\_\_\_

**BE SURE TO PICK UP PAY STUBS, TAX RETURNS AND COPIES OF CURRENT TSA STATEMENTS**