

# FAMILY INFORMATION

Today's Date: \_\_\_\_\_

Family Data	Date of Birth	Birth Place
Your Full Name		
Child		
Child		
Child		
Child		

  

Residence: Address		Home Phone # _____
		Your cell # _____
		Your partner cell # _____
City	State	Zip

  

Email Address: Home	Work	Preference for use: <input type="checkbox"/> Home <input type="checkbox"/> Work
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Employment Data	Occupation/Specialty	Employer	How Long?
You			
Partner			

  

Your Employer's Address	City	State	Zip	Office Phone No.
Significant Other Employer's Address	City	State	Zip	Office Phone No.

	Base Salary	Estimated Bonus	Other Sources	Other Sources
Your Primary Income				
Significant Other Primary Income				

## Financial Goals/Priorities

What are your most important financial goals? \_\_\_\_\_

What are your priorities? (please number 1 to 7)      # \_\_ Education      # \_\_ Retirement  
 # \_\_ Second Home      # \_\_ Family Security      # \_\_ Wealth Accumulation  
 # \_\_ Other \_\_\_\_\_      # \_\_ Other \_\_\_\_\_

How much more could you save on a regular basis? \_\_\_\_\_

Is there anything disturbing you about your overall planning? \_\_\_\_\_

\_\_\_\_\_

# SAVINGS ASSETS

<b>Institution</b>	<b>Account Balance</b>	<b>Ongoing Deposits</b>
Checking Account	\$	\$
Checking Account	\$	\$
Savings Account	\$	\$
Savings Account	\$	\$
Money Market Fund	\$	\$
Credit Union	\$	\$
Savings Bonds (Type) Maturity	\$	\$
Certificate of Deposit	\$	\$
Annuity	\$	\$
I.R.A. / Roth	\$	\$
I.R.A.	\$	\$
I.R.A.	\$	\$
I.R.A.	\$	\$
Your Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)	\$	\$
Significant Other Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)	\$	\$
Your Pension	\$	\$
Significant Other Pension	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
NOTES		

# REAL ESTATE & CONSUMER DEBT

Property	Year Purchased	Current Value	Balance of Mortgage	Monthly Payment	Interest Rate	Fixed or Variable
Your Residence		\$	\$	\$	%	
2 <sup>nd</sup> Mortgage		\$	\$	\$	%	
Other Home		\$	\$	\$	%	
Land		\$	\$	\$	%	
Land		\$	\$	\$	%	
Other		\$	\$	\$	%	
Other		\$	\$	\$	%	
Other		\$	\$	\$	%	

<b>Loan &amp; Debt</b> <i>Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.</i>					
	Balance	Monthly Payment	Interest Rate	Insured?	
Auto	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visa	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MasterCard	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Card	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Loan	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Loan	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Misc.	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Misc.	\$	\$	%	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTES					

# PROTECTIONS

Life Insurance				
Name of Insurance Co.	Family Member Insured	Amount of Coverage	Type of Insurance ( <i>term, permanent</i> )	Annual Premiums
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Disability Income Insurance			
Name of Insurance Co.	Family Member Insured	Amount of Coverage	Annual Premiums
		\$	\$
		\$	\$
		\$	\$
		\$	\$

## Auto/Homeowners Insurance

Name of Insurance Co. \_\_\_\_\_

When was this last reviewed by your Agent? \_\_\_\_\_

Long-Term Care Insurance			
Name of Insurance Co.	Family Member Insured	Amount of Coverage	Annual Premiums
		\$	\$
		\$	\$
		\$	\$

How would you rate your knowledge of life, disability income and/or long-term care insurance?  
On scale of 0-10 (0 = none / 10 = excellent) \_\_\_\_\_

Do you have an umbrella liability policy?  Yes  No

NOTES

# ADDITIONAL INFORMATION

## Financial Goals/Priorities

Do you have a valid Will or Trust?  Yes  No

Do you have an Attorney?  Yes  No

Name/Firm \_\_\_\_\_

Last time updated

Do you have an Accountant?  Yes  No

Name/Firm \_\_\_\_\_

Is there anything further you think is important to tell us?

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## NOTES

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This fact-finder is intended to gather initial information in the financial planning process. Please note that if you decide to engage in any software-base financial planning process, you may need to also complete the applicable questionnaire. At implementation, if any, a separate application and/or Investor Profile will need to be submitted for any financial or insurance product you ultimately decide to purchase and will result in their own suitability and underwriting analyses. In the event that there is an inconsistency between the information you Provided in this material and application/investor Profile, the information in the application/Investor Profile shall govern. SMRU #5055434.2