



Financial Planning Fact Finder

Please include annual amounts

Client/Co-Client		
Name	DOB	<input type="radio"/> Not a U.S. Citizen.
Name	DOB	<input type="radio"/> Not a U.S. Citizen.
Home Address		
Tax Filing Status: <input type="radio"/> Single <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly <input type="radio"/> Married Filing Separately		

Children/Dependents			
Name	DOB	Name	DOB
Name	DOB	Name	DOB

Income	Gross Salary	Bonus/Other	Income	Gross Salary	Bonus/Other
Name	\$	\$	Name	\$	\$
	\$	\$		\$	\$

Social Security	FRA Amount (If not Receiving)/ Amount Currently Received	Amount	COLA	Survivorship Percentage	Start Date
Name	Pension Income				
Name	Pension Income				

Assets ¹	Owner(s)	Purchase Price	Current Value	Property Taxes	Linked Liability
Personal Residence					
Second Residence					
Rental Property					
Vehicle 1					
Vehicle 2					
Personal Assets					
Other					

Liabilities	Current Balance	Start Date	Term	Interest Rate	Payment (P & I only)	Add. Pmt.
Mortgage						
Mortgage/ HELOC						
Credit Cards						
Students Loans						
Other Loan						

Please list the three most important goals that you would like to accomplish as a result of working with TriBridge	
1.	
2.	
3.	

Cash Accounts	Checking	Savings/Money Markets	Money Market/Cs
Name:	\$	\$	\$
Name:	\$	\$	\$

Investments ² (e.g. 401(k), IRA, After-Tax)	Account Type	Balance	Contribution/Savings (pre-tax, post-tax, roth)	Employer Contributions (% of salary, fixed amount)
Owner:				
Owner:				
Owner:				
Owner:				

Group/Individual Life Insurance	Owner/Beneficiary	Start Date	Type/Term	Death Benefit	Premium	Cash Value
Insured:						
Insured:						
Insured:						
Insured:						

Group/Individual Disability Insuran	Type	Waiting Period	Benefit Amount	Premium	Benefit Period	COLA
Insured:						
Insured:						
Insured:						
Insured:						

Long Term Care	Waiting Period	Benefit Amount	Premium	Benefit Period	Hybrid (If Applicable)
Insured:					Hybrid <input type="radio"/> Life <input type="radio"/> Annuity
Insured:					Hybrid <input type="radio"/> Life <input type="radio"/> Annuity

Property & Casualty	Type	Premium	Umbrella
Asset:			Premium \$
Asset:			Coverage Amount \$

Insurance/Medicare	Insured	Premium/Contribution	Type
Health Insurance	Name:		<input type="radio"/> HMO <input type="radio"/> POS <input type="radio"/> Medicare <input type="radio"/>
	Name:		<input type="radio"/> PPO <input type="radio"/> High Deductible
Dental Insurance	Name:		<input type="radio"/> Basic <input type="radio"/> Premium
	Name:		<input type="radio"/> Basic <input type="radio"/> Premium

Healthcare	Balance	Contributions	Withdrawals
Savings HSA			
FSA			

Estate							
Wills	<input type="radio"/> Yes <input type="radio"/> No	Date Est.	Last Rev:	Power Of Attorney:	<input type="radio"/> Yes <input type="radio"/> No	Date Est.	Last Rev:
Trusts	<input type="radio"/> Yes <input type="radio"/> No	Date Est.	Last Rev:	Healthcare Proxy:	<input type="radio"/> Yes <input type="radio"/> No	Date Est.	Last Rev:

Do you currently have guardianship provisions? ☐ Yes ☐ No

Do you work with a CPA? ☐ Yes ☐ No ²

GOALS

1. Do you anticipate any major purchases in the near future? (home upgrade, second home, projects, education for children)
2. If applicable, how would your life change if your spouse passed away? (financially/work hours/living situations)
3. What amount are you currently saving on an annual basis and what could be a realistic target?
4. Are there any family members that you would be financially or physically responsible for (e.g. Elderly Parents, Special Needs Children)
5. If applicable, what is your ideal family size?
6. What are your growth goals for your investments?
 - ☐ Grow Aggressively ☐ Grow significantly ☐ Grow Moderately
 - ☐ Grow with Caution ☐ Avoid Loss
7. How would you classify your risk tolerance?
 - ☐ Aggressive ☐ Moderate/Aggressive ☐ Moderate
 - ☐ Moderate/Conservative ☐ Conservative
8. Other financial or life style goals:

Notes:



www.tribridgepartners.com | 240.422.8799 (local) | 855.333.6399 (toll-free)

6721 Columbia Gateway Drive
Suite 100
Columbia, MD 21046

Securities and investment advisory services offered through qualified registered representatives of MML Investors Services, LLC. Member SIPC . Supervisory office: 11350 McCormick Rd., Executive Plaza IV, Ste 200, Hunt Valley, MD 21031 - 410.785.7654.
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