

## Personal and Family Information

	Name	Date of Birth	Social Security No.	Email 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:	_____	_____
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 Midland National. Additional information may be needed prior to the purchase of an insurance product.