** **

Preliminary Client Fact Finder

We are committed to helping you align your financial goals with your personal aspirations and values at every stage in your life.
To guide you to your desired outcomes, please provide us with the information below. Please indicate “none” or “n/a” where appropriate.

| Financial Advisor:       | Date:       |
| --- | --- |

| Client #1 Name:  | DOB:       | US Citizen: | Y ☐ | N ☐ | Marital Status:       |
| --- | --- | --- | --- | --- | --- |
| Client #2 Name:  | DOB:       | US Citizen: | Y ☐ | N ☐ |  |

| Contact information | Contact information |
| --- | --- |
| Address:       | City, State, Zip:       |
| Home Phone:       | E-mail:       |
| Client #1 Cell Phone:       | Client #2 Cell Phone:       |

# Family Data (use the tab key to add additional lines to any section)

| **Children** | **DOB** | **Marital Status** | **US** | **Citizen** | **Spouse** | **DOB** | **Marital Status** | **US**  | **Citizen** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |

| **Grandchildren** |  |  |  |  | **Grandchildren** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |

| **Great Grandchildren** |  |  |  |  | **Great Grandchildren** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |
|       |       |       | Y ☐ | N ☐ |       |       |       | Y ☐ | N ☐ |

**Investment and Insurance Products are:**

* **Not Insured by the FDIC or Any Federal Government Agency**
* **Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate**
* **Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested**

# Owner-Occupied Real Estate

| **Owner-Occupied****Real Estate****Address or City** | **Current Value** | **Tax Basis** | **Pre-Retire****Expected Growth Rate** | **Post-Retire****Expected Growth Rate** | **Owner** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

# Investment Real Estate

| **Investment** **Real Estate****Address or City** | **Current Value** | **Tax Basis** | **Pre-Retire Expected****Growth Rate** | **Post-Retire****Expected****Growth Rate** | **Owner** | **Annual Net Income** |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

# Investment Accounts (non-Retirement)

| **Type/Institution Name** | **Current Value** | **Tax Basis** | **Pre-Retire Expected****Growth Rate** | **Post-Retire****Expected****Growth Rate** | **Transfer on Death or Pay on Death****(If so, please add recipient)** | **Owner** |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |  |       |
|       |       |       |       |       |  |       |
|       |       |       |       |       |  |       |
|       |       |       |       |       |  |       |

# Retirement Accounts (e.g., IRA, 401k, 403b, Deferred Compensation)

| **Type/****Institution Name** | **CurrentValue** | **Pre-Retire Expected****Growth Rate**  |  **Post-Retire****Expected****Growth Rate** | **Owner** | **Primary Beneficiary** | **Employee Contribution** | **Employer Contribution** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

# Business Interests (including any LLCs that own real property)

| **Business Name** | **Current Value** | **Tax Basis** | **Pre-Retire****Expected Growth Rate** | **Post-Retire****Expected****Growth Rate** | **Owner** | **Business Type** | **Annual Net Income** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

# Liabilities (mortgages, lines of credit, personal loans, credit cards, etc.)

| **Institution Name** | **Collateral****(if any)** | **Current Balance** | **Monthly Payment****(only P&I)** | **Date of Origination**  | **Interest Rate** | **Loan Term** |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |
|       |  |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

# Income (current and future Salary/Bonus, Social Security, Pension, Deferred Comp, Other Retirement Income)

|  | **Recipient** | **Payee** | **Full Retirement Age Amount** | **ProjectedAnnual % Increase** | **Destination****Account** | **Starts****(e.g., current, at retirement or at a specific year)** | **Ends****(e.g., at retirement, at death, or at a specific year)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Salary/Bonus | Client #1 |       |       |       |       |       |       |
| Salary/Bonus | Client #2 |       |       |       |       |       |       |
| Social Security | Client #1 to start @ age       | US Gov | Full retirement age amount       |       |       |       |       |
| Social Security | Client #2 to start @ age       | US Gov | Full retirement age amount       |       |       |       |       |
| Deferred CompContribution |       |       |       |       |       |       |       |
| Deferred Comp Distribution |       |       |       |       |       |       |       |
| Pension |       |       |       |       |       |       |       |
| Pension |       |       |       |       |       |       |       |
| Other RetirementIncome |       |       |       |       |       |       |       |
| Other Retirement Income |       |       |       |       |       |       |       |

 **For any Equity Based Compensation, please provide a copy of the grant agreement and/or benefit statement from
the plan administrator that includes the amount of shares/units, vesting schedules, and exercise costs (if applicable). Equity based compensation could include RSUs, Non-Qualified Stock Options, ISOs, etc.**

| **Notes:** |
| --- |
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|  |
|  |

# Spending and Desired Retirement Ages (do not include income taxes, insurance premiums or liability payments in “spending”)

|  | **Current****Annual****Spending** | **Desired****Age for** **Semi-Retirement****(if applicable)** | **Desired Annual****Spending at****Semi-Retirement****(if applicable)** | **Desired****Age of****Retirement** | **Desired Annual****Spending at****Retirement** | **Advanced** **Age** | **Desired Annual Spending at Advanced Age** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client #1 |       |       |       |       |       |       |       |
| Client #2 | Provide combined spending above |       | Provide combined spending above |       | Provide combined spending above |       | Provide combined spending above |

# Insurance (life, long term care and disability)

|  | **Life Insurance Policy #1** | **Life Insurance Policy #2** |  | **Long Term Care Policy** | **Disability****Policy** |
| --- | --- | --- | --- | --- | --- |
| Policy Number |       |       | Policy Number |       |       |
| Institution Name |       |       | Institution Name |       |       |
| Purchase Date |       |       | Purchase Date |       |       |
| Policy Type |       |       | Insured |       |       |
| Person Insured |       |       | Benefit Amount |       |       |
| Owner |       |       | Owner |       |       |
| Beneficiary |       |       | Annual Premium |       |       |
| Death Benefit |       |       | Premium Term |       |       |
| Cash Value |       |       | Premium Payer |       |       |
| Annual Premium |       |       | Elimination Period |       |       |
| Premium Term |       |       | Benefit Period |       |       |
| Premium Payer |       |       | COLA |       |       |

# Financial Goals (only include goals that would not be included in your regular annual spending)

|  | **Description****of Goal** | **Approximate expenditure amount** | **In what year(s) would you like to make this expenditure?**  | **From which account would you like to make this expenditure?**  | **Do you expect to finance this expenditure?****(if so, provide estimated amount to finance, term, rate)**  |
| --- | --- | --- | --- | --- | --- |
| Education Expenses |       |       |       |       |       |
| Travel |       |       |       |       |       |
| Home Improvement |       |       |       |       |       |
| Wedding / Celebration |       |       |       |       |       |
| Charitable Gifts |       |       |       |       |       |
| Gifts to Family Members |       |       |       |       |       |
| New Car |       |       |       |       |       |
| New Home |       |       |       |       |       |

# Desired Future Sale of Assets

|  | **Description****of Asset****to sell in the future** | **In what year might you want to complete this sale?**  | **What would you like to do with the sale proceeds?**  |
| --- | --- | --- | --- |
| Real Estate |       |       |       |
| Business Interests |       |       |       |
| Other |       |       |       |

# Current Estate Planning Documents

|  | **Simple Will** | **Revocable Living Trust** | **Health Care / Medical Directive** | **Durable** **Power of Attorney** | **Special Needs****Trust** | **Life Insurance Trust** | **Other****Irrevocable Trust** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client #1 | Date:       | Date:       | Date:       | Date:       | Date:       | Date:       | Date:       |
| Client #2 | Date:       | Date:       | Date:       | Date:       | Date:       | Date:       | Date:       |

| **Notes:** |
| --- |
|  |
|  |
|  |

# Professional Advisors (for our records)

|  | **Name** | **Name of Company** | **Address** | **Phone Number** | **Email** |
| --- | --- | --- | --- | --- | --- |
| Accountant |       |       |       |       |       |
| Attorney |       |       |       |       |       |
| Insurance Agent |       |       |       |       |       |

# Kindly Provide the Following Documents (for financial analysis)

1. Statements for all outside investment accounts and bank accounts
2. Statements for all retirement accounts
3. Statements for all life insurance policies
4. Social Security statements (from www.SSA.gov)
5. Estate Planning Documents (if applicable)
6. Most recent Gift Tax Return (if applicable)

Wells Fargo and Company and its Affiliates do not provide tax or legal advice. Any estate plan should be reviewed by an attorney who specializes in estate planning and is licensed to practice law in your state.

This profile is not complete without and does not replace your "Client and Account Questionnaire" kept by your financial advisor in your client file. Please notify your financial advisor if any updates are required to that document. If there are any discrepancies between this document and your "Client and Account Questionnaire", the information contained in that document will take precedence.

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