

**SmartValue Investment
Management LLC**
Registered Investment Adviser



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Financial Fact Finder (Confidential)

To Identify Your Financial/Investment Needs and Goals

Customer Name: _____

Investment Adviser: _____

Date Completed: _____

PERSONAL DATA - 1	CLIENT: _____	DATE: _____
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Name:		State of Residence:	
Address:		Since:	
City, State, Zip Code:		Marital Status:	
Phone:		Marriage Date:	

	<u>Client</u>	<u>Spouse</u>
Legal Name:		
Known As (Nickname):		
SSN#:		
Birth Date:		
Birth Place:		
Job Title:		
Date Started:		
Employer:		
Business Address:		
City, State, Zip Code:		
Business Phone:		

Children:

<u>Name:</u>	<u>Of This Marriage:</u>	<u>Age:</u>	<u>School Grade:</u>	<u>Employment:</u>	<u>SSN#:</u>	<u>Health/Comments:</u>

Parents and Other Dependents:

<u>Name:</u>	<u>Relationship:</u>	<u>Age:</u>	<u>Employment:</u>	<u>Health:</u>	<u>Annual Cost:</u>	<u>Est. Net Worth:</u>

Annual Income:

<u>Income Source:</u>	<u>Client:</u>	<u>Spouse:</u>
Gross Salary & Wages		
Pension/Annuity		
Investments/Income		
401K/IRA/Keogh/Roth, etc.		
Other		
Total Gross Income		
Total Annual Expenses		
Discretionary Income		

Retirement:

1. At what age do you wish to be able to retire?	
2. At what age do you expect to retire?	
3. What minimum annual income will you need?	
4. If you plan on working after retirement, estimate income?	
5. Briefly discuss your retirement plans (live, travel, hobbies, etc.)?	

Employee Retirement Plans:

Employer:	Total Amount:	Vested %:	Age Benefits Begin:	Income Expected:	Lump Sum Option:

Employee Benefits (Please check those that you now have):

Client:	Spouse:		Client:	Spouse:	
<input type="checkbox"/>	<input type="checkbox"/>	Group Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Split Dollar Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Deferred Compensation
<input type="checkbox"/>	<input type="checkbox"/>	Short-term Disability	<input type="checkbox"/>	<input type="checkbox"/>	Pension Plan
<input type="checkbox"/>	<input type="checkbox"/>	Long-term Disability	<input type="checkbox"/>	<input type="checkbox"/>	Profit Sharing Plan
<input type="checkbox"/>	<input type="checkbox"/>	Sick Leave (full pay)	<input type="checkbox"/>	<input type="checkbox"/>	Thrift Plan
<input type="checkbox"/>	<input type="checkbox"/>	Hospital/Surgical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	401K/Keogh
<input type="checkbox"/>	<input type="checkbox"/>	Major Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	ESOP
<input type="checkbox"/>	<input type="checkbox"/>	Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Stock Options
<input type="checkbox"/>	<input type="checkbox"/>	Medical Reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	Country Club
<input type="checkbox"/>	<input type="checkbox"/>	Salary Continuation	<input type="checkbox"/>	<input type="checkbox"/>	Automobile
<input type="checkbox"/>	<input type="checkbox"/>	Travel Accident Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Credit Union

College Plans:

Name of Child:	College Choice:	Year Began:	Annual Cost:	Comments:

ASSETS & LIABILITIES - 1	CLIENT: _____	DATE: _____
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Codes - Please indicate both owner and how title is held (e.g., HK = Husbands Keogh)

Owner: S = Single, H = Husband, W = Wife, J = Joint

Title: I = IRA, K = Keogh, R = 401K/403B, C = Community, TC = Tenants in Common, T = Trust

Checking, Savings, Money Market, Credit Union, CDs, Cash:

<u>Codes</u>	<u>Bank/Company</u>	<u>Acct. Type</u>	<u>Balance</u>	<u>Int. Rate (%)</u>	<u>Maturity Date</u>	<u>Acct. Opened</u>

Stocks, Mutual Funds, ADRs:

<u>Codes</u>	<u>Description</u>	<u>Shares</u>	<u>Mkt. Value</u>	<u>Original Cost</u>	<u>Dividend/share</u>	<u>Date Acquired</u>

Bonds, Other Fixed Income:

<u>Codes</u>	<u>Description</u>	<u># of Bonds</u>	<u>Mkt. Value</u>	<u>Original Cost</u>	<u>Int. Rate (%)</u>	<u>Maturity Date</u>	<u>Date Acquired</u>

Annuities, Insurance:

<u>Codes</u>	<u>Issuer</u>	<u>Face Amt.</u>	<u>Cash Value</u>	<u>Orig. Cost</u>	<u>Annual Cost</u>	<u>Annual Inc.</u>	<u>Interest</u>	<u>Date Acquired</u>

ASSETS & LIABILITIES - 2	CLIENT: _____	DATE: _____
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Codes - Please indicate both owner and how title is held (e.g., HK = Husbands Keogh)

Owner: S = Single, H = Husband, W = Wife, J = Joint

Title: I = IRA, K = Keogh, R = 401K/403B, C = Community, TC = Tenants in Common, T = Trust

Partnerships (Real Estate, Energy, R&D, etc.):

<u>Codes</u>	<u>Name</u>	<u>Type</u>	<u>Units</u>	<u>Mkt. Value</u>	<u>Loans</u>	<u>Orig. Cost</u>	<u>Cash Flow</u>	<u>Taxable Inc./ (loss)</u>	<u>Date Acquired</u>

Real Estate:

<u>Codes</u>	<u>Location</u>	<u>Mkt. Value</u>	<u>Total Loans</u>	<u>Orig. Cost</u>	<u>Adj. Basis</u>	<u>Cash Flow</u>	<u>Taxable Inc./ (loss)</u>	<u>Date Acquired</u>

Notes, Trust Deeds, Mortgages, or Other Money Owed to You:

<u>Codes</u>	<u>Borrower</u>	<u>Balance</u>	<u>Income</u>	<u>Int. Rate (%)</u>	<u>Orig. Amt.</u>	<u>% Taxable Gain</u>	<u>Maturity Date</u>	<u>Date Acquired</u>

Other Assets:

<u>Codes</u>	<u>Description</u>	<u>Units</u>	<u>Mkt. Value</u>	<u>Loans</u>	<u>Orig. Cost</u>	<u>Adj. Basis</u>	<u>Cash Flow</u>	<u>Taxable Inc./ (loss)</u>	<u>Date Acquired</u>

Liabilities:

<u>Codes</u>	<u>Owed to</u>	<u>Balance</u>	<u>Orig. Amt.</u>	<u>Payments</u>	<u>Int. Rate (%)</u>	<u>All Due Date</u>	<u>Orig. Loan Date</u>

Signed: _____ Date: _____

Signed: _____ Date: _____