



NAUTICA  
WEALTH ADVISORS

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The Promontory  
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“Go confidently in the direction of your dreams.  
Live the life you have imagined.”  
– Henry David Thoreau

## Fact Finder

*A FINANCIAL PLAN STRIVES TO HELP PEOPLE BECOME BETTER SAVERS AND INVESTORS*

The process of financial decision making - knowing where to get information and how to use it to make informed choices - isn't necessarily simple. But if you have the ability to earn, the discipline to save, and the willingness to take time and effort to develop and implement a financial plan, you can become financially independent.

You have taken the first step in the planning process by choosing to develop a professionally prepared financial plan. Professional financial planning is a collaborative effort between you and our team of experienced planners who will help you design and implement a well-balanced financial plan

In order to develop a plan that accurately reflects your unique financial situation and your personal needs and goals, we ask that you complete the following questionnaire. All information is held in the strictest confidence. Please give these questions special consideration. The more details you can provide about your family - current assets, income, expenses and needs - the better we can design your plan to specifically meet your goals.

Jayne M. Byrne, CFP®, Wealth Advisor, CA Insurance #0F52857  
Michael J. Lerner, CFP®, Wealth Advisor, CA Insurance #0D32799  
Steven K. Lerner, Ed.D., Wealth Advisor, CA Insurance #0E66081



## ***First Appointment Check List***



**To ensure the success of our first meeting, please bring originals or copies of the following:**

- The two most recent Federal & State Tax Returns
- Most recent Pay Stubs &/or Pension Check Stubs
- Life, Auto, Homeowners, Umbrella, Health, Long Term Care & Disability Policies Declaration Pages
- Most recent Mutual Fund, Bank & Brokerage Statements
- Mortgage, Equity Line, Student Loan, Auto Loan, Credit Card & any other Loan Statements
- Family Trust & Other Estate Documents (Wills, POA, Healthcare Directive, etc.)
- Last Social Security Administration Benefits Statement
- Company Benefit & Retirement Plan Information
- Self-Owned Business Information
- Completed Estimated Personal Expenses Worksheet





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## PERSONAL INFORMATION – CLIENT 1

First Name:		Last Name:	
Middle Initial:		Nickname:	
SSN #:		DOB:	
Driver's License #:		State/Exp & Issue Date for License:	
Address:		City, State ZIP Code:	
Mailing Address, if different than above:		City, State ZIP Code:	
Home Phone:		Cell Phone: (PREFERRED CONTACT METHOD)	
Email Address:		Additional Email:	
Marital Status:			
Employer:		Position/Occupation:	
Employer Address:		Employer Phone #:	

What is your residency status?

- U.S. Citizen
- Resident Alien
- Non-Resident Alien

Are you, or have you or a member of your immediate family, ever been a corporate officer, director, or owner of 10% or more of the securities of any public corp? (Y/N)

Is any member of your immediate family employed by a bank, insurance company, investment advisor or broker? (Y/N)





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## PERSONAL INFORMATION – CLIENT 2

First Name:		Last Name:	
Middle Initial:		Nickname:	
SSN #:		DOB:	
Driver's License #:		State/Exp & Issue Date for License:	
Address:		City, State ZIP Code:	
Mailing Address, if different than above:		City, State ZIP Code:	
Home Phone:		Cell Phone: (PREFERRED CONTACT METHOD)	
Email Address:		Additional Email:	
Marital Status:			
Employer:		Position/Occupation:	
Employer Address:		Employer Phone #:	

What is your residency status?

- U.S. Citizen
- Resident Alien
- Non-Resident Alien

Are you, or have you or a member of your immediate family, ever been a corporate officer, director, or owner of 10% or more of the securities of any public corp? (Y/N)

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### CHILDREN AND DEPENDENTS

First Name:		Last Name:	
SSN #:		DOB:	
Address:		City, State ZIP Code:	
Phone:		Child or Dependent?	
Living in Your Home? (Y/N):		Tax Dependent? (Y/N):	
College Bound? (Y/N):		Employed? (Y/N):	

### CHILDREN AND DEPENDENTS

First Name:		Last Name:	
SSN #:		DOB:	
Address:		City, State ZIP Code:	
Phone:		Child or Dependent?	
Living in Your Home? (Y/N):		Tax Dependent? (Y/N):	
College Bound? (Y/N):		Employed? (Y/N):	





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SSN #:		DOB:	
Address:		City, State ZIP Code:	
Phone:		Child or Dependent?	
Living in Your Home? (Y/N):		Tax Dependent? (Y/N):	
College Bound? (Y/N):		Employed? (Y/N):	

### CHILDREN AND DEPENDENTS

First Name:		Last Name:	
SSN #:		DOB:	
Address:		City, State ZIP Code:	
Phone:		Child or Dependent?	
Living in Your Home? (Y/N):		Tax Dependent? (Y/N):	
College Bound? (Y/N):		Employed? (Y/N):	





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PARENTS AND SIBLINGS			
Name:	Age:	Health: Good/Poor	Financially Independent or Will need your assistance?

LEGAL AND ACCOUNTING RELATIONSHIPS			
Family Attorney:			
Address:		City, State ZIP Code:	
Main Phone:		Alternate Phone:	
Title and Date of Family Trust:			
Do you have Powers of Attorney?	For Health Care? (Y/N):	For Financial (Y/N):	
Tax Preparer:		Phone:	
Address:		City, State ZIP Code:	

Is your attorney a key decision maker for you? (Y / N)

Is your CPA/ tax preparer a key decision maker for you? (Y / N)

If you do not have an attorney, would you like us to make a recommendation?

If you do not have a CPA/ tax preparer, would you like us to make a recommendation?





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## SOURCES OF INCOME – CLIENT 1

Annual Income	Description	Owner Code*	Amount
Gross Salary:			
Self Employment:			
Pension Income:			
Real Estate Income (net):			
Trust Income:			
Annuity Income:			
Required Minimum Distribution:			
Social Security:			
Other Income:			
Other Income:			
Are you receiving your Annual Social Security Benefit Statement? YES NO UNSURE			
Do you anticipate receiving any inheritance?: (Y/N)			
Future Inheritance:			
Future Inheritance:			
*Owner Code: (H) Husband, (W) Wife, (JT) Joint Tenants, (CP) Community Property, (TR) Trust			







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**SOURCES OF INCOME – CLIENT 2**

Annual Income	Description	Owner Code*	Amount
Gross Salary:			
Self Employment:			
Pension Income:			
Real Estate Income (net):			
Trust Income:			
Annuity Income:			
Required Minimum Distribution:			
Social Security:			
Other Income:			
Other Income:			
Are you receiving your Annual Social Security Benefit Statement? YES NO UNSURE			
Do you anticipate receiving any inheritance?: (Y/N)			
Future Inheritance:			
Future Inheritance:			
*Owner Code: (H) Husband, (W) Wife, (JT) Joint Tenants, (CP) Community Property, (TR) Trust			

The financial professionals at Nautica Wealth Advisors are registered representatives with securities and advisory services offered through LPL Financial, a Registered Investment Advisor. Member FINRA/SIPC





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## PERSONAL PROPERTY

	Description	Owner Code*	Amount or Established Value
Money Owed to You:			
Automobiles:			
Jewelry:			
Art Objects:			
Collectibles:			
Motorcycles:			
Aircraft:			
Boats, other watercraft:			
Other (please describe):			
Additional Notes:			

## DEBIT – CREDIT CARDS & OTHER DEBTS

Description of Loan/Credit Card:	Owner Code*	Account Balance	Interest Rate:	Average Monthly Payment:

\*Owner Code: (H) Husband, (W) Wife, (JT) Joint Tenants, (CP) Community Property, (TR) Trust





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ESTIMATED PERSONAL EXPENSES		
Personal Expenses	Monthly	Annually
Rent		
Condo Fees		
Housing Maintenance/Improvements		
Property Tax		
Food		
Transportation/Gas/Repairs		
Clothing/Cleaning		
Education		
Credit Cards		
Utilities:		
• Cable TV		
• Gas & Electricity		
• Telephone		
• Water		
Contributions		
Insurance:		
• Life		
• Auto		
• Homeowners		
• Disability		
• Health Care		
• Liability		
Personal (Grooming, etc.)		
Entertainment/Vacation/Travel		
Auto Loan		
Gifts		
Pet		
Gym		
Miscellaneous		
• Alimony		
• Child Care/Support		
• House Cleaning/Gardener		
Home Equity Line of Credit		
<b>Total for Items Above:</b>		
Mortgage: Payment & Interest Only		

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