

NAUTICA WEALTH ADVISORS
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





	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?

- o U.S. Citizen
- o 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)





	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?

- o U.S. Citizen
- o 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)





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 D	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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First Name:		Last Name:				
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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 D	EPENDENTS				
First Name:		Last Name:				
SSN #:		DOB:				
Address:		City, State ZIP Code:				
Address: Phone:		City, State ZIP				
		City, State ZIP Code:				





PARENTS AND SIBLINGS						
Name:		Age:		Health:		Financially Independent or
				Good/Poor		Will need your assistance?
LEGAL AND ACCOUNTING RELATIONSHIPS					HIPS	
Family Attorney:						
Address:				City, State ZIP		
Main Phone:		Al		Iternate Phone:		
Title and Date of Family Trust:						
Do you have Powers of Attorney?	For Hea	alth Care? (Y/N):		For Financia	1(Y) l	۷):
Tax Preparer:			Phone	2:		
Address:			City, S Code:	tate ZIP		

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?





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 anticip	pate 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 and securities and advisory services offered through LPL Financial, a Registered Investment Advisor. Member FINRA/SIPC





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 anticip	pate 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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		PER	SONAL PROP	EKIY		
	Descri	iption	Owner Code*		Amount or Establis	shed Value
Money Owed to You:						
Automobiles:						
Jewelry:						
Art Objects:						
Collectibles:						
Motorcycles:						
Aircraft:						
Boats, other watercraft:						
Other (please describe):						
Additional Notes:						
	[DEBIT – CRE	DIT CARDS &	OTHER	R DEBTS	
	of Loan/Credit ard:	Owner Code*	Account Bala	nce	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						
Total for Items Above:						
Mortgage: Payment & Interest Only						

