

# eConfidential Factfinder

The responses that you provide to this questionnaire/factfinder are intended to assist you in gathering important information about yourself, such as your financial goals, objectives and time horizon, and to help you to make a more informed decision regarding your specific situation. Your responses are not intended to represent a comprehensive basis for evaluating suitability (or, if applicable, conducting underwriting) on any specific insurance, annuity, or investment product. In the event that you decide to purchase any product, you will be required to complete a separate policy application/contract and/or Investor Profile, which will serve as the basis for the Company's conducting suitability and/or an underwriting analysis with regard to the specific product that you wish to purchase. In the event of any discrepancy between the information that you provide in completing this questionnaire/ fact finder and that which you furnish in completing an Investor Profile and/or product application/contract, the information contained in the Company product application/contract and/or Investor Profile will govern and will serve as the basis for the Company's assessing the appropriateness for you of the product to which such document(s) pertain.

All information provided will be strictly confidential.

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Wyatt Brothers Financial, LLC is not owned or operated by NYLIFE Securities LLC or its affiliates.

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# CONFIDENTIAL QUESTIONNAIRE for

The purpose of this financial questionnaire is to assemble a summary view of your financial situation which we will use to ensure the best use of our time together. It is important to be thorough and list all your information to ensure that any options we discuss are appropriate for your unique situation.

Personal and Family Information			
Your Full Name	Date of Birth	Spouse (Full Name)	Date of Birth
Child	Date of Birth	Child	Date of Birth
Child	Date of Birth	Child	Date of Birth
Primary Residence	Street & No.	City	State
Home Telephone	Cell Phone	Email Address	

Income			
Occupation, Income, and Income Tax Rates			
Yours (Position)	Employer		Work Phone
	Current Base Salary \$	Annual Increase %	Annual Bonus \$
Spouse (Position)	Employer		Work Phone
	Current Base Salary \$	Annual Increase %	Annual Bonus \$
Current Effective Income Tax Rate %	Retirement Effective Tax Rate %	Expected Inflation Rate %	Approximate Credit Score
Defined Benefits (Social Security, PERs, Railroad Pension, etc.)			
Benefit Provider	Annual Benefit	COLA	Percent Taxable
	\$	%	%
	\$	%	%
	\$	%	%
	\$	%	%
Other Future Income or Assets (Inheritance, Sale of Business, etc.)			
Description	Anticipated Value	Event Age / Year	Owner/Payee
	\$		
	\$		
	\$		

**Assets**

**Real Estate and Mortgages**

Purchase Date	Purchase Price	Current Market Value	Down Payment	Loan Origination Date	Original Loan Amount	Original Loan Term	Annual Interest Rate (%)	Loan Balance Remaining	Monthly Principal & Interest Payment
Primary Residence	\$	\$	\$		\$		%	\$	\$
2nd Residence	\$	\$	\$		\$		%	\$	\$
Other Real Estate	\$	\$	\$		\$		%	\$	\$

**Qualified Retirement Accounts (IRA, Roth, 401k, SEP, deferred comp, pension balances, etc.)**

Name / Type	Institution	Contributions or Withdrawals (/year)	Employer Match	Account Balance	Annual Return %	Owner
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	

**Savings and Investment Accounts (cd's, securities, bonds, mutual funds, ETF's, annuities, etc.)**

Name / Type	Institution	Contributions or Withdrawals (year)	Account Balance	Cost Basis	Annual Return (%)	Owner
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	
		\$	\$	\$	%	

**Liabilities**

**Installment Loans (auto, boat, RV, student/parent college, HELOC, etc.)**

Type of Loan	Purpose	Monthly Payment	Interest Rate (%)	Months Remaining	Unpaid Balance
		\$	%		\$
		\$	%		\$
		\$	%		\$
		\$	%		\$

**Revolving Credit Lines (credit cards, store charge cards, checking credit lines, etc.)**

Type of Card / Issuer	Monthly Payment	Monthly New Charges	Interest Rate (%)	Unpaid Balance	Grace Period on New Charges
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	\$	\$	%	\$	<input type="checkbox"/> Yes / <input type="checkbox"/> No

**Protection**

**Life Insurance (term, cash value)**

Company / Policy Type	Purchase Date	Annual Premium	Outstanding Loans	Current Cash Value	Death Benefit	Named Insured	Beneficiary
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		

**Other Insurance (auto, homeowners, renters, umbrella, health, disability, long term care, etc.)**

Company / Policy Type	Purchase Date	Annual Premium	Deductible	Named Insured	Benefit/Coverages
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Wills and/or Living Trust?  Yes /  No

Date Last Reviewed:

**Expenses**

**Future Expenses (college, weddings, etc.)**

Description of Future Expense	Expense	Year	Payor
	\$		
	\$		
	\$		

**Additional Comments:** *(Other factors that could be important to your financial position.)*

Please bring to your first meeting:

- Paycheck Stubs
- Statements on all Investments / Securities
- Bank Statements
- Tax Return – most recent two years
- Insurance Policies
  - Medical
  - Life
  - Car
  - Umbrella
  - Home
  - Disability Income
  - Other:
  - Other:
- Company Benefit Statement or Summary
- Company Benefit Booklet
- Social Security Earnings Statement
- Wills & Trust Documents

**DOCUMENT RECEIPT:**

*I have received the above checked documents for review and they will be kept confidential in a place of safe keeping.*

Representative Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

Representing: \_\_\_\_\_