

MASCAGNI WEALTH MANAGEMENT
REGISTERED INVESTMENT ADVISOR
205 E. MAIN STREET, CLINTON, MS 39056
(601) 925-8099 ♦ (888) 925-8099 ♦ FAX (601) 925-8066

FACT-FINDER 2015

CLIENT Information:

Name _____
First Middle Last

Birthday _____
Month/Day/Year Birthplace

Social Security _____ - _____ - _____

Address _____
Street or P.O. Box

_____ Apartment or Suite

_____ City State Postal Code

Home Telephone _____

Cell Phone _____

Occupation _____

Employer _____

Address _____
Street or P.O. Box

_____ Apartment or Suite

_____ City State Postal Code

Work Telephone _____

Pager Number _____

Fax _____

E-Mail Address _____

SPOUSE Information:

Name _____
First Middle Last

Birthday _____
Month/Day/Year Birthplace

Social Security _____ - _____ - _____

Occupation _____

Employer _____

Work Telephone _____

Cell Phone _____

E-Mail Address _____

FAMILY Information:

of Children: _____ Grandchildren: _____

Child's Name: _____
 Birthday: _____ Age: _____ Grade: _____
 Social Security #: _____

Child's Name: _____
 Birthday: _____ Age: _____ Grade: _____
 Social Security #: _____

Child's Name: _____
 Birthday: _____ Age: _____ Grade: _____
 Social Security #: _____

ADVISOR information:

| | | | |
|----------------|---------------------|----------------------------|--------------------------|
| Accountant/CPA | _____ | _____ | _____ |
| | <small>Name</small> | <small>City, State</small> | <small>Telephone</small> |
| Attorney | _____ | _____ | _____ |
| | <small>Name</small> | <small>City, State</small> | <small>Telephone</small> |
| Banker | _____ | _____ | _____ |
| | <small>Name</small> | <small>City, State</small> | <small>Telephone</small> |
| Broker | _____ | _____ | _____ |
| | <small>Name</small> | <small>City, State</small> | <small>Telephone</small> |
| Casualty Agent | _____ | _____ | _____ |
| | <small>Name</small> | <small>City, State</small> | <small>Telephone</small> |

INCOME INFORMATION

CLIENT

| | Current Year | Projected (2016) | Projected (2017) |
|--------------------------|--------------|------------------|------------------|
| Salary | _____ | _____ | _____ |
| Business Income | _____ | _____ | _____ |
| Rental Income | _____ | _____ | _____ |
| Social Security Benefits | _____ | _____ | _____ |
| Retirement Income | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |

SPOUSE

| | Current Year | Projected (2016) | Projected (2017) |
|--------------------------|--------------|------------------|------------------|
| Salary | _____ | _____ | _____ |
| Business Income | _____ | _____ | _____ |
| Rental Income | _____ | _____ | _____ |
| Social Security Benefits | _____ | _____ | _____ |
| Retirement Income | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |

PENSION BENEFIT INFORMATION: *(If Applicable)*

Date Pension Begins: _____

Amount or Estimate: _____ *(Indicate if Monthly or Annual)*

Does Pension Benefit Adjust with Inflation? YES or NO *(circle)* *If yes, indicate ____%

Term of Pension Benefit: _____ *(Indicate Life Only, Period Certain, 100% J&S, etc.)*

Lump Sum Option: _____ *(Indicate if Available and if Partial or 100% only)*

Election Deadline: _____ *(If not elected, indicate when you must submit election)*

FINANCIAL POSITION

| ASSETS | LIABILITIES |
|-------------------------------|-------------------------------|
| Cash (Fixed) | Unpaid Bills |
| Checking _____ | Charge Accounts _____ |
| Checking _____ | Special Purchases _____ |
| Savings _____ | Outstanding Medical _____ |
| CD or Money Market _____ | Credit Cards @ _____% _____ |
| CD or Money Market _____ | Credit Cards @ _____% _____ |
| Ins. Cash Values _____ | Other _____ |
| U.S. Savings Bonds _____ | Total _____ |
| Other _____ | |
| Total _____ | |
| Loans to Others | Loans/Notes |
| Loans to be Repaid _____ | Mortgage _____ |
| | Home Equity Loan _____ |
| | Automobiles _____ |
| | Automobiles _____ |
| | Bank Loans _____ |
| | Family Loans _____ |
| | Other _____ |
| | Total _____ |
| Investments | TOTAL LIABILITIES |
| Mutual Funds _____ | |
| Mutual Funds _____ | |
| Stock/Bonds _____ | |
| Stock/Bonds _____ | |
| Inv. Real Estate _____ | |
| Other _____ | |
| Total _____ | ◆ NET WORTH ◆ |
| Retirement | |
| IRA – Traditional _____ | |
| IRA – Roth _____ | |
| IRA – SIMPLE _____ | |
| 401(k) / Profit Sharing _____ | |
| 401(k) / Profit Sharing _____ | |
| Pension _____ | |
| Business _____ | |
| Other _____ | |
| 401(k) / Profit Sharing _____ | |
| Personal Use | LOAN WORKSHEET |
| Residence _____ | Date of Note _____ |
| Real Estate _____ | Balance _____ |
| Automobiles _____ | Interest Rate _____ |
| Automobiles _____ | Amount of Payment _____ |
| Personal Property _____ | Term of Note _____ |
| Other _____ | # of Payments Remaining _____ |
| Total _____ | |
| TOTAL ASSETS | |

INVESTMENT CONCERNS

1 = Low Priority

High Priority = 10

| | |
|---|---------------------|
| Return should exceed inflation rate and taxes | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ |
| Principal should be stable (not volatile) | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ |
| Investments should be liquid after use of Emergency Fund (immediately accessible) | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ |
| Diversification is important | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ |
| Long Term results are more important than Short Term performance | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ |
| I'd like professional investment advice | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ |

What target would you set for an average rate-of-return over a full market cycle (3 to 5 years)?

8% to 9%

10% to 11%

12% to 14%

15% or Higher

1 = Low Risk

High Risk = 10

| | |
|---|---------------------|
| Rate your overall risk tolerance (Client) | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ |
| Rate your overall risk tolerance (Spouse) | ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ |

LIFE INSURANCE POLICY INFORMATION

- A. _____
 Amount of Coverage Date of Issue Issuing Company Insured Owner Beneficiary Policy Type Cash Values
- B. _____
 Amount of Coverage Date of Issue Issuing Company Insured Owner Beneficiary Policy Type Cash Values
- C. _____
 Amount of Coverage Date of Issue Issuing Company Insured Owner Beneficiary Policy Type Cash Values
- D. _____
 Amount of Coverage Date of Issue Issuing Company Insured Owner Beneficiary Policy Type Cash Values
- E. _____
 Amount of Coverage Date of Issue Issuing Company Insured Owner Beneficiary Policy Type Cash Values

CLIENT GOALS

Your financial plan is developed around the goals which are most important to you. Take a minute to rank the top three or four goals you currently have (please number in order of priority).

| CLIENT | SPOUSE | |
|----------------------------|----------------------------|---|
| <input type="radio"/> ____ | <input type="radio"/> ____ | Financial security at retirement |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Pay for the college education of my children |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Increase my cash flow margin |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Care for self and family during period long-term disability |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Provide for my family in the event of my (or my spouse's) death |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Reduce my tax burden |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Purchase a house |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Minimize the cost of probate and estate taxes |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Control the distribution of assets to my heirs |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Plan for long-term health care |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Pay off consumer debts |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Make charitable gifts (church, school, charity, etc.) |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Care for elder parent or relative |
| <input type="radio"/> ____ | <input type="radio"/> ____ | Other: _____ |

OTHER FACTORS AFFECTING YOUR PLAN

- 1.** Are you satisfied with your previous investment results? (Explain)
- 2.** Are you open to needed suggestions for any of your existing investments, insurance, etc.?
- 3.** What is your health history? Age of your siblings and parents and their health history?
- 4.** Are there any other factors that would affect your plan?
- 5.** Do you own or have access to a personal computer? If so, do you currently use any financial software (Quicken, Microsoft Money, etc.)?
- 6.** What do you expect from Financial Planning and our services?

DETAILS ON GOALS

RETIREMENT:

ESTATE / SUCCESSION NOTES:

- a) Support of Self and/or Family:

- b) Distribution of Assets:

EDUCATION NOTES:

EXISTING DOCUMENTS:

WILLS (DATED: _____) YES NO _____

POWER OF ATTORNEY YES NO _____

HEALTH CARE DIRECTIVE YES NO _____

OTHER INSURANCE:

AUTO/HOMEOWNER'S YES NO _____

LIABILITY UMBRELLA YES NO _____

RIDERS (CONTENTS, ETC.) YES NO _____

DISABILITY INSURANCE YES NO IF YES, REPLACEMENT AMOUNT: _____%

MISC. NOTES:

FINANCIAL PLAN CHECKLIST

In order to accurately evaluate your current situation and develop a financial plan unique to you, we will need some of the information listed below. Keep in mind that the more current and detailed the information you can provide us, the more accurate we can be with our analysis. If you prefer to hold original documents yourself, understand that a copy is sufficient for our files. We will be able to begin planning for you as a client as the items checked below are received.

| Received | Need To Furnish | |
|--------------------------|----------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of most recent Federal & State Income Tax Returns |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of any recent investment statements <u>and</u> information on cost basis of your existing investments |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash Flow Sheet (with all living expenses) |
| <input type="checkbox"/> | <input type="checkbox"/> | Loan details (interest rate, term, payment, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Will(s) and/or Power of Attorney Documents |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement Plan Statements, 401(k), SEP, SIMPLE & Employer Benefit Booklets |
| <input type="checkbox"/> | <input type="checkbox"/> | Details of other Employee Benefits (including Deferred Compensation, Stock Purchase Plan, Pension Plan, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Summaries of any Life Insurance & Disability Policies |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Please also provide any other documentation you feel would be helpful in the analysis of your financial situation.

2015 CASH FLOW STATEMENT

| | Monthly Amount | Other Amount ¹ | | Monthly Amount | Other Amount ¹ |
|-----------------------------|-------------------|------------------------------|---------------------------------|-------------------|------------------------------|
| Income | | | Fixed Expenses Cont. | | |
| Salary - Client | _____ | _____ | Medical | | |
| Salary - Spouse | _____ | _____ | Insurance | _____ | _____ |
| Retirement _____ | _____ | _____ | Doctor/Dentist | _____ | _____ |
| Other _____ | _____ | _____ | Prescriptions | _____ | _____ |
| TOTAL INCOME | | | Other _____ | _____ | _____ |
| | | | Total Medical | _____ | _____ |
| Less: | _____ | _____ | Insurance | | |
| Giving | _____ | _____ | Life | _____ | _____ |
| Federal Tax | _____ | _____ | Disability | _____ | _____ |
| State Tax | _____ | _____ | Liability | _____ | _____ |
| FICA | _____ | _____ | Other _____ | _____ | _____ |
| TOTAL | | () | Total Insurance | _____ | _____ |
| Net Spendable Income | | _____ | | | |
| Fixed Expenses | | | Variable Expenses | | |
| Savings | | | Entertainment/Rec. | | |
| Emergency | _____ | _____ | Dining/Lunches | _____ | _____ |
| Retirement | _____ | _____ | Nights Out/Movies, etc. | _____ | _____ |
| Education | _____ | _____ | Vacation | _____ | _____ |
| Other _____ | _____ | _____ | Lessons, Clubs, Etc. | _____ | _____ |
| Total Savings | | _____ | Other _____ | _____ | _____ |
| | | | Total Ent./Rec. | _____ | _____ |
| Housing | | | Food/Groceries | _____ | _____ |
| Mortgage/Rent | _____ | _____ | Clothing | | |
| Property Taxes | _____ | _____ | Purchases | _____ | _____ |
| Insurance | _____ | _____ | Cleaning | _____ | _____ |
| Furnishings | _____ | _____ | Total Clothing | _____ | _____ |
| Maint./Repairs | _____ | _____ | Miscellaneous | | |
| Security | _____ | _____ | Child Care | _____ | _____ |
| Utilities ² | _____ | _____ | Tuition | _____ | _____ |
| Maid | _____ | _____ | Subscriptions | _____ | _____ |
| Yard | _____ | _____ | Personal Care | _____ | _____ |
| Other _____ | _____ | _____ | Gifts | _____ | _____ |
| Total Housing | | _____ | Christmas | _____ | _____ |
| | | | Allowances | _____ | _____ |
| Automobile | | | Animals/Pets | _____ | _____ |
| Loan Payments | _____ | _____ | Other _____ | _____ | _____ |
| Insurance | _____ | _____ | Total Miscellaneous | _____ | _____ |
| Gas/Oil | _____ | _____ | | | |
| Maint./Repairs | _____ | _____ | TOTAL EXPENSES | _____ | _____ |
| Other (Tag) _____ | _____ | _____ | | | |
| Total Automobile | | _____ | Summary | | |
| | | | Net Spendable Income | _____ | _____ |
| Debt | | | - Total Expenses | _____ | _____ |
| Note | _____ | _____ | = Net Surplus (Shortage) | _____ | _____ |
| Credit Card | _____ | _____ | | | |
| Other _____ | _____ | _____ | | | |
| Total Debt | | _____ | | | |

¹ Please indicate any other income or expenses which you receive or pay other than monthly.

² Please provide details here: Gas _____, Electric _____, Water _____, Telephone _____, Cable _____, Other _____.