

**MASCAGNI & COMPANY, INC.**  
 REGISTERED INVESTMENT ADVISOR  
 205 E. MAIN STREET  
 CLINTON, MS 39056  
 (601) 925-8099 ♦ (888) 925-8099 ♦ FAX (601) 925-8066

**FACT-FINDER 2010**

**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 (2010)	Projected (2011)	Projected (2012)
Salary	_____	_____	_____
Business Income	_____	_____	_____
Rental Income	_____	_____	_____
Social Security Benefits	_____	_____	_____
Retirement Income	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

### SPOUSE

	Current (2010)	Projected (2011)	Projected (2012)
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)*

## 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: _____  |

## 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.

### **Need To Furnish**

Copy of your two most recent Tax Returns (*if available*)

Copies of any recent investment statements  
*[Please provide cost basis information on existing investments]*

Copies of any retirement plan statements  
*[401k, 403b, SEP-IRA, SIMPLE-IRA, PSP, Pension, etc.]*

Balance Sheet or Net Worth Statement (*if available*)

Cash Flow Sheet  
*\*Copy available for download at [www.mascagnicompany.com](http://www.mascagnicompany.com)*

Loan Details  
*[Original date, interest rate, term, payment, etc.]*

Copy of Legal Documents  
*[Will, Power of Attorney, Health Care Directive, etc.]*

Copy of any Life Insurance and/or Disability Policies

Information on your Employer Benefits  
*[Plan booklet, Health, Disability, Def. Comp., Cafeteria, etc.]*

Business Agreements, Contracts, Buy/Sell, etc.

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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

## CASH FLOW STATEMENT

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

<sup>1</sup> Please indicate any other income or expenses which you receive or pay other than monthly.

<sup>2</sup> Please provide details here: Gas \_\_\_\_\_, Electric \_\_\_\_\_, Water \_\_\_\_\_, Telephone \_\_\_\_\_, Cable \_\_\_\_\_, Other \_\_\_\_\_.