



Unite and Grow

with

Catholic United Financial



Every step, every journey, we're there for life.



Estate Planning Fact Finder

**For use by Catholic United Financial sales representatives and employees only.
All information enclosed will remain strictly confidential**



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This tool can be used to:

- determine retirement savings needs
- assess levels of life insurance coverage
- prepare an estate plan
- identify assets that need protection
- solidify financial goals
- evaluate charitable giving possibilities

Request a full copy of this Unite and Grow Factfinder when you meet with your local Sales Representative. [Click here](#) to find a representative near you, call 1-800-568-6670 to request a copy by phone, or email learnmore@catholicunited.org.

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The Beginning: Questions About the Future



Catholic United Sales Representative
Denise Degerstrom
Hinckley, Minn.

What is the desired objective of completing this process? What do you want to achieve?

What factors are motivating you to complete this process? Are they internal financial (i.e., family changes), or external marketplace issues (i.e., stock market rise and fall)? Or both?

How would you like your Catholic faith reflected in your plan? How important is that to you?

Are there any specific questions you have about the financial strength of Catholic United Financial?

Do you have questions about the fraternal programs Catholic United Financial offers?

How did you first learn about Catholic United Financial? (On the radio, an event, a bulletin, etc.)

Could any of your family members or friends use a meeting like this?

Privacy Statement: Catholic United Financial understands the importance of protecting and securing your nonpublic personal information and using it appropriately. We have and maintain strict policies and procedures to protect the confidentiality of your information during all stages of your relationship with Catholic United Financial. In addition, we maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information. Access to nonpublic personal information about you is restricted to those employees who need to know that information to provide products and services to you. All employees are trained and required to safeguard such information.



Confidential Client Evaluation

Name _____ DOB ____/____/____

Name _____ DOB ____/____/____

Relationship: Spouse Parent/Child Sibling Business Partner Other

Contact Information

Address	City	State	Zip
Home Phone	Alternate Phone		
Email Address	How long have you lived at the above address?		
Alternate Address	City	State	Zip

Above address is: Business Address 2nd Residence

Occupation

If Retired, Income

Occupation	Employer	Social Security \$	Spouse's Social Security \$
Annual Income	Other Income?	IRA Dist \$	Spouse's IRA Dist \$
Spouse's Occupation	Spouse's Employer	Pension(s) \$	Farm Rent \$
Spouse's Annual Income	Spouse's Other Income?	Interest Income \$	Other Income \$

Children

Child / Grandchild	Child's Name	Age	Spouse Name
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Do you have any children with special needs? _____ Do you have children in the family business or farm? _____

Will Planning

Wills? Y ___ N ___ If yes, when was will created? _____ Any special considerations? _____ Charitable Bequests in will? Y ___ N ___

Trust Agreements? Y ___ N ___ Irrevocable? Y ___ N ___ Revocable Y ___ N ___ Irrevocable Life Ins Trust Y ___ N ___ Trustee _____

Guardianship for kids Y ___ N ___ If yes, who? _____ Trust to protect kids' inheritance? Y ___ N ___

Financial Power of Attorney? Y ___ N ___ Name(s): _____

Health Care Directive? Y ___ N ___ Name(s): _____