



# 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**



# Unite and Grow

with

Catholic United  
**Financial**



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](mailto:learnmore@catholicunited.org).

Catholic United  
**Financial**



# 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?

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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?

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

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

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

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

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

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**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): \_\_\_\_\_