



CONFIDENTIAL DATA GATHERING QUESTIONNAIRE AND CHECKLIST

Congratulations on taking the first step towards organizing your financial life. This questionnaire is designed to capture your information to help us develop your personal comprehensive financial plan.

Below is a list of suggested documents (if applicable) that we would like to receive when you return your confidential data gathering questionnaire and checklist.

- Paystubs
- Investment Account Statements (brokerage, mutual fund, variable annuity)
- Retirement Account Statements (401a, 401k, 403b, 457b, IRA, other)
- Pension Plan Information
- Social Security Statements
- Insurance Policies (life, disability, LTC, employer provided or individual)
- Insurance Policies (auto, home, and umbrella)
- Mortgage Statement
- Additional loans (home equity, auto, student)
- Credit Card statements (if it has a balance)
- Employee Benefit Statement
- Tax Return (previous year)
- Estate Documents (wills, trusts, power of attorney, etc.)

If you do not have these statements handy, just bring in what you can. We will do the rest.

FAMILY MEMBER INFORMATION

Client #1		Client #2	
Legal Name:		Legal Name:	
Date of Birth:		Date of Birth:	
Contact Number:		Contact Number:	
Email Address:		Email Address:	
Primary Address:			
Secondary Address:			

CHILDREN *(Please use the back of this page if necessary)*

Child's Full Name	Special Needs	Child's Date of Birth	Child's Anticipated College Start Year
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY

GRANDCHILDREN *(Please use the back of this page if necessary)*

Grandchild's Full Name	Special Needs	Grandchild's Date of Birth	Grandchild's Anticipated College Start Year
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY
		MM/DD/YYYY	YYYY

CASH FLOW AND EXPENSES

Client #1 Annual Income		Client #1 Annual Pension		
Salary:	Bonus:	Annual Amount:	Cost of living Adjustment (COLA):	Survivorship (%):
Client #1 Other Annual Income		Client #1 Annual Social Security		
Annual Amount:	Description:	Age 62:	Full Retirement Age:	Age 70

Client #2 Annual Income		Client #2 Annual Pension		
Salary:	Bonus:	Annual Amount:	Cost of living Adjustment (COLA):	Survivorship (%):
Client #2 Other Annual Income		Client #2 Annual Social Security		
Annual Amount:	Description:	Age 62:	Full Retirement Age:	Age 70

Client #1 Annual Expenses		Client #2 Annual Expenses	
Health/Dental Insurance:		Health/Dental Insurance:	
Utilities:		Utilities:	
Food:		Food:	
Charitable Donations:		Charitable Donations:	
Miscellaneous:		Miscellaneous:	
Any unusual income or expenses in the last 12 months?			
For a typical month, do you have more, less, or no excess cash flow, and how much?			

INVESTMENT INFORMATION: (Please fill out unless you have included all statements)

Account Type: Brokerage/IRA/Annuity/401k/403b/College 529/Other (please circle one)	
Owner:	
Custodian:	
Market Value:	
Employer Match:	
Monthly/Annual Contribution:	

Account Type: Brokerage/IRA/Annuity/401k/403b/College 529/Other (please circle one)	
Owner:	
Custodian:	
Market Value:	
Employer Match:	
Monthly/Annual Contribution:	

Account Type: Brokerage/IRA/Annuity/401k/403b/College 529/Other (please circle one)	
Owner:	
Custodian:	
Market Value:	
Employer Match:	
Monthly/Annual Contribution:	

Account Type: Brokerage/IRA/Annuity/401k/403b/College 529/Other (please circle one)	
Owner:	
Custodian:	
Market Value:	
Employer Match:	
Monthly/Annual Contribution:	

INVESTMENT INFORMATION: (Please fill out unless you have included all statements)

Account Type: Brokerage/IRA/Annuity/401k/403b/College 529/Other (please circle one)	
Owner:	
Custodian:	
Market Value:	
Employer Match:	
Monthly/Annual Contribution:	

Account Type: Brokerage/IRA/Annuity/401k/403b/College 529/Other (please circle one)	
Owner:	
Custodian:	
Market Value:	
Employer Match:	
Monthly/Annual Contribution:	

Other Assets: Stamp Collection, Gold & Silver Coins, Antiques, Artwork, Etc.	
Owner:	
Market Value:	
Description	

Other Assets: Stamp Collection, Gold & Silver Coins, Antiques, Artwork, Etc.	
Owner:	
Market Value:	
Description	

CASH RESERVES: (Please fill out unless statements are included)

Account Type: Checking/Savings/Money Market/CDs (please circle one)	
Owner:	
Current Balance:	
Balance 12 Months Prior:	
Purpose:	

Account Type: Checking/Savings/Money Market/CDs (please circle one)	
Owner:	
Current Balance:	
Balance 12 Months Prior:	
Purpose:	

Account Type: Checking/Savings/Money Market/CDs (please circle one)	
Owner:	
Current Balance:	
Balance 12 Months Prior:	
Purpose:	

Account Type: Checking/Savings/Money Market/CDs (please circle one)	
Owner:	
Current Balance:	
Balance 12 Months Prior:	
Purpose:	

REAL ESTATE PROPERTIES/AUTOMOBILES/OTHER

Primary Residence	
Ownership:	
Market Value:	
Mortgage Balance (not including escrow):	
Monthly Payment:	
Interest Rate:	
Property Taxes:	

Auto #1	
Ownership:	
Loan Balance:	
Monthly Payment:	
Interest Rate:	

Second Residence	
Ownership:	
Market Value:	
Mortgage Balance (not including escrow):	
Monthly Payment:	
Interest Rate:	
Property Taxes:	

Auto #2	
Ownership:	
Loan Balance:	
Monthly Payment:	
Interest Rate:	

Rental Property	
Ownership:	
Market Value:	
Mortgage Balance:	
Monthly Payment:	
Interest Rate:	
Property Taxes:	

Additional Vehicle/Boat/Other	
Ownership:	
Loan Balance:	
Monthly Payment:	
Interest Rate:	

OTHER LIABILITIES/CREDIT CARDS/LOANS/HOME EQUITY

(Please fill out unless statements are included)

Liability #1	
Balance:	
Monthly Payment:	
Interest Rate:	
Type:	

Liability #2	
Balance:	
Monthly Payment:	
Interest Rate:	
Type:	

Liability #3	
Balance:	
Monthly Payment:	
Interest Rate:	
Type:	

Liability #4	
Balance:	
Monthly Payment:	
Interest Rate:	
Type:	

Liability #5	
Balance:	
Monthly Payment:	
Interest Rate:	
Type:	

Liability #6	
Balance:	
Monthly Payment:	
Interest Rate:	
Type:	

PROTECTION AND RISK MANAGEMENT:

Client #1 Life Insurance Policies			
Individual/Employer	Monthly Cost	Term Period	Death Benefit
Individual/Employer	Monthly Cost	Term Period	Death Benefit

Client #2 Life Insurance Policies			
Individual/Employer	Monthly Cost	Term Period	Death Benefit
Individual/Employer	Monthly Cost	Term Period	Death Benefit

Client #1 Disability Policies			
Individual/Employer	Monthly Cost	Benefit Period	Monthly Benefit
Individual/Employer	Monthly Cost	Benefit Period	Monthly Benefit

Client #2 Disability Policies			
Individual/Employer	Monthly Cost	Benefit Period	Monthly Benefit
Individual/Employer	Monthly Cost	Benefit Period	Monthly Benefit

PROTECTION AND RISK MANAGEMENT: (continued...)

Client #1 Long Term Care Insurance			
Monthly/Daily Benefit:	Benefit Period:	Inflation Protection:	Premium:

Client #2 Long Term Care Insurance			
Monthly/Daily Benefit:	Benefit Period:	Inflation Protection:	Premium:

Client #1	
Auto Insurance: (Provider)	
Annual Amount:	

Client #2	
Auto Insurance: (Provider)	
Annual Amount:	

Additional Insurance Policies	
Homeowner's Insurance (Provider):	
Annual Amount:	
Umbrella Policy (Provider):	
Annual Amount:	

ESTATE PLANNING:

Client #1 Estate Planning	
Will:	
Trust:	
Durable Power of Attorney:	
Healthcare Proxy:	
Last Updated:	

Client #2 Estate Planning	
Will:	
Trust:	
Durable Power of Attorney:	
Healthcare Proxy:	
Last Updated:	

Advanced Estate Issues:

Please note any special details that we should know about your estate or beneficiaries.
