

### **Document Gathering List**

Please check all that apply and provide at your Data Gathering Meeting.

Assets
Current Bank Account Statements
Current Investment Account Statements - Balance & Holdings
Current Market Value of Real Estate (Personal & Investment) & Addresses
Current Market Value of Vehicle(s) Owned & Year/Make/Model
Current Market Value of Business(es) Owned
Liabilities
Current Balance on Mortgage(s) and/or Home Equity Line of Credit
Current Balance on Credit Card(s)
Current Balance on Consumer Loans (Auto, Personal, Student, etc.)
Insurance (Group and Personal Policies)
Current Statements or Policy Summary or Confirmation of Benefits
Employer-Sponsored Retirement Plans
Current Statements (401k, 403b, Pension, etc.) - Balance & Holdings
List of Investment Choices Offered
Pension Projection at retirement age
Beneficiaries
Beneficiary Election for each Investment Account, Retirement Plan, and Insurance Policy
Estate Plan
Current Estate Plan Documents (Will, Powers of Attorney, Trust, etc.)
Education Funding
Current Statement for Education Account(s) (529, ESA, UTMA, etc.)
Cash Flow
Copy of Last 2 Paystubs from each Employer
Itemized List of Monthly and/or Annual Expenses
Taxes
Copy of Last 2 Federal and State Tax Returns
Social Security
Current Social Security Statement

# Personal Data Questionnaire

Client #1 Full Name	Date of Birth	Social Security Number	Driver's License Number
Client #2 Full Name	Date of Birth	Social Security Number	Driver's License Number
Street Address			Phone Number
City		State	Zip
Client #1 Email Address		Client #2 Email Address	
	C1.11.1		
	Childre	en and Dependents	
Name	Relationship	Date of Birth	Social Security Number
	Par	ents & Siblings	
		cints & biblings	
	Relationship to		
Name	Client #1 or #2	Living: Yes or No	Age Health

	Additional F	amily Fact	ts	
Date of Marriage	Pre-Marital Agreement?	Explain		
Client #1 Previously Married?	State Yr. Term	inated	Death or Divorce?	
Client #2 Previously Married?	State Yr. Term	inated	Death or Divorce?	
Community property state(s)	in which Client #1 has lived	- AZ / CA / ID	) / LA / NV / NM / TX / WA	
Community property state(s)	in which Client #2 has lived	- AZ / CA / ID	) / LA / NV / NM / TX / WA	
	Employm	ent Data		
	Job Position/Title		Employer Name	
	Employer Address			
Client #1	Business Phone Number			
	Base Salary This Yr.	Est. Bon	us/Commissions This Yr.	
	Base Salary Next Yr.	Est. Bon	us/Commissions Next Yr.	
	Paycheck Frequency	W-4 Elec	tion - Federal & State	
	Job Position/Title		Employer Name	
	Employer Address			
Client #2	Business Phone Number			
	Base Salary This Yr.	Est. Bon	us/Commissions This Yr.	
	Base Salary Next Yr.	Est. Bon	us/Commissions Next Yr.	
	Paycheck Frequency	W-4 Elec	tion - Federal & State	

	Other Income	
Pension - Client #1		
	Monthly Amount	Employer Name
Pension - Client #2		
	Monthly Amount	Employer Name
Social Security - Client #1		
Social Security - Client #1	Monthly Amount	
Social Socurity - Client #2		
Social Security - Client #2	Monthly Amount	
	Current Retirement Plan Co	ontributions
Client# 1		
Traditional IRA		
	Actively Contributing: Yes or No	Yearly Contribution: \$ or %
Roth IRA		
Employer-Sponsored	Actively Contributing: Yes or No	Yearly Contribution: \$ or %
Retirement Plan		
	Actively Contributing: Yes or No	Yearly Contribution: \$ or %
Client# 2	Retiremen	t Plan Match Formula
Client# 2		
Traditional IRA		
	Actively Contributing: Yes or No	Yearly Contribution: \$ or %
Roth IRA		
Employer-Sponsored	Actively Contributing: Yes or No	Yearly Contribution: \$ or %
Retirement Plan		
	Actively Contributing: Yes or No	Yearly Contribution: \$ or %
	Retiremen	t Plan Match Formula

# Detail of Monthly Living Expenses

<u>Expenditure</u>	Monthly Amount	Periodic Amount
Mortgage Payment (Principal & Interest Only)		
Homeowner's Insurance		
Real Estate Taxes		
Rent		
Home Maintenance/Supplies		
Lawn/Pool/ Snow Service		
Electric/Gas Bills		
Water		
Landline Phone		
Cell Phone		
Car Payment		
Gas		
Car Insurance		
Maintenance/Repairs		
Taxes/Tags		
Parking/Public Transportation		
Doctor/Dentist/Vision Expenses		
Prescriptions		
Cafeteria Plan		
Food - Groceries		
Food - Eating Out		
Cable TV		
Baby Sitters		
Activities: Movies/Zoo/etc		
Hobbies/Clubs		
Vacation		
Cash Reserve Savings		
Clothing		
Allowances		
Banking/Checking Expenses Charitable Contributions		
Dry Cleaning		
Gifts - Bday's/Wedding/Grads/etc		
Hair/Beauty Shop		
Household Items		
Job Expenses		
Pets		
Personal Care (Target/Wal-Mart)		
Political Contributions		
Safe Deposit Box Rental		
Subscriptions/Books		
Stamps/Envelopes		
Kids' Tuition/Lunches		
Kids' Activities		
Day Care		
Tutor		
Child Support		
IRA Contributions		
401k/403b Contributions		
Financial Planning Fees		
Accountant Fees		
	<u> </u>	
TOTALS		

### TOTALS

#### Cash & Retirement Assets

	Too bits bis on blooms	Current Value			
	Institution Name	Jointly Held	Client #1	Client #2	Children
Checking Account					
Checking Account					
Savings Account					
Savings Account					
Credit Union					
Savings Bonds					
Savings Bonds					
Certificate of Deposit					
Certificate of Deposit					
Certificate of Deposit					
Certificate of Deposit					
Certificate of Deposit					
Money Market					
Roth IRA					
Roth IRA					
IRA					
IRA					
Vested Profit Sharing/Pension					
Vested Profit Sharing/Pension					
Retirement Plans (401k, TSA, Keough)					
Retirement Plans (401k, TSA, Keough)					
Employee Stock Purchase Plan (ESPP)					
Employee Stock Purchase Plan (ESPP)					
Stock Options					
Stock Options					
Personal Fixed or Variable Annuity					
Personal Bond Investments					
Personal Stock Investments					
Personal Mutual Fund Investments					
Business Value					
Other					
			I	I	I
Totals:					

# Real Estate Assets

	Purchased: Year	Price	Current Market Value	Current Debt Balance	Interest Rate	Years Remaining	Monthly Principal and Interest	Equity Value (Value-Debt)
Your Residence								
Other Home								
Other Home								
Land								
Land								
Land								
Other								
Other								
Other								
Totals:								

# Miscellaneous Personal Property

	Year/Make/Model	Estimated Market Value
Automobile # 1		
Automobile # 2		
Automobile # 3		
Motorcycle		
Boat		
Trailer		
Other		
Other		
-		
Total:		

	Interest Rate	Monthly Payment	Months Remaining	Unpaid Balance
Equity Line of Credit				
Equity Line of Credit				
Car Loan				
Car Loan				
Student Loan				
Credit Card				
Credit Card				
Credit Card				
Other				
Other				
Other				
Tatala				
Totals:			l I	

# Other Debt & Lines of Credit

# **Insurance Policies**

### Life Insurance

Name of Insurance Company	Family Member Insured	Type of Policy	Total Annual Premiums	Current Cash Value	Policy Loans	Amount of Death Benefit	Year of Expiration

#### **Disability Insurance**

Name of Insurance Company	Family Member Insured	Waiting Period	Amount of Monthly Benefit	Length of Benefit

#### Health & Long-Term Care Insurance

Name of Insurance Company	Type of Coverage	Family Members Insured	Maximum Out of Pocket	Maximum Benefit	LTC Only Waiting Period	LTC Only Length of Benefit

# CURRENT BENEFICIARY INFORMATION

#### **Retirement Assets**

Account Description	Owner	Primary	Contingent

### Insurance

Policy Description	Owner	Insured	Primary	Contingent