



# DATA GATHERING WORKSHEET

Client Information		Co-Client Information	
Name		Name	
SSN#		SSN#	
Date of Birth		Date of Birth	
Email		Email	
Phone Number		Phone Number	
Driver's License # & Expiration Date		Driver's License # & Expiration Date	
Employer/Occupation		Employer/Occupation	
Hire Date		Hire Date	
Target Retirement Date/Age		Target Retirement Date/Age	
Home Address, City, State, Zip			

Children	
Name	Date of Birth

Professional Contacts		
Type	Name	Contact Information
Accountant		
Attorney		
Insurance Agent		
Financial Advisor		

**Privacy Policy**

We treat your non-public personal financial information with confidentiality and respect. Our Privacy Policy defines the trust, privacy, and confidentiality with have with our clients. Our Privacy Policy is reasonably designed to: (1) Insure the security and confidentiality of your records and information: (2) Protect against anticipated threats or hazards to the security or integrity of your records and information: and (3) Protect against unauthorized access to or use of your records or information that could result in substantial harm or inconvenience to you.

## Summary Financial Statement

	Type	Value	
		Client	Co-Client
<b>Before-Tax Assets</b>	Workplace Retirement Accounts (401(k), 403(b), etc.)		
	IRAs		
<b>After-tax Assets</b>	Checking/Savings/CDs		
	Brokerage (Nonqualified)		
	Annuities		
	Roth IRAs		
<b>Illiquid Assets</b>	Direct Business Interests		
	Other Private Investments		
<b>Real Estate</b>	Primary Residence		
	Other Real Estate		
<b>Liabilities</b>	Mortgage on Primary Residence		
	Mortgage on Other Real Estate		
	Auto Loans		
	Credit Cards		
	Student Loans		
	Other		
<b>Net Worth</b>	Assets + Liabilities		

## Income Information

Client		Co-Client	
Annual Salary		Annual Salary	
Additional Income		Additional Income	
Social Security at FRA		Social Security at FRA	
Pension – Lump sum & Annuity		Pension – Lump sum & Annuity	

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## Current Insurance Coverage

Policy Type	Client Coverage		Co-Client Coverage	
	Type	Amount	Type	Amount
Life				
Disability				
Long Term Care				

## Miscellaneous

Current Annual Expenses			
Planned Annual Retirement Expenses			
Current Annual Savings Rate/Amount	Client:		Co-Client:
Years of Investment Experience	Client:		Co-Client:
Pet Information	Breed:		Name:

**On a scale of 1-5, please rate the importance of the following topics:  
(1 = not concerned, 5 = very concerned)**

**Retirement Planning** \_\_\_\_\_ **Education Planning/Funding** \_\_\_\_\_  
**Income Taxes** \_\_\_\_\_ **Insurance** \_\_\_\_\_  
**Budget/Cash Management** \_\_\_\_\_ **Practice/Business Management** \_\_\_\_\_  
**Investments** \_\_\_\_\_ **Business Succession Planning** \_\_\_\_\_  
**Estate Planning** \_\_\_\_\_ **Other** \_\_\_\_\_

## Other Personal/Financial Goals or Additional Information

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