

Data Collection Form

Household

Home Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone (____) _____ **Fax – Home** (____) _____

Household E-Mail _____
 (preferred household email address – can be personal or business email)

Second Home Address _____

City _____ **State** _____ **Zip Code** _____

Second Home Phone (____) _____

Marital Status: Single Married Separated Divorced Widowed Other
 (Circle One)

Anniversary Date (if applicable) _____

Client

Client's Name _____
First MI Last

How Do You Want to Be Addressed? _____

Date of Birth _____ **Social Security Number** _____

State of Driver's License _____ **Driver's License Number** _____ **Exp. Date** _____

Country of Citizenship _____ **Mobile Phone** (____) _____

Home E-Mail _____ **Other Email Address** _____

Employer _____ **Occupation/Title** _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Bus. Phone (____) _____ **Ext.** _____ **Bus. Fax** (____) _____ **Bus. E-Mail** _____

****Please let us know the primary email address we should use to contact you:** _____

Co-Client

Co-Client's Name _____
First MI Last

How Do You Want to Be Addressed? _____

Date of Birth _____ **Social Security Number** _____

State of Driver's License _____ **Driver's License Number** _____ **Exp. Date** _____

Country of Citizenship _____ **Mobile Phone (____)** _____

Home E-Mail _____ **Other Email Address** _____

Employer _____ **Occupation/Title** _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Bus. Phone (____) _____ **Ext.** _____ **Bus. Fax (____)** _____ **Bus. E-Mail** _____

****Please let us know the primary email address we should use to contact you:** _____

Family Health History

For planning purposes, it helps to have a sense of the family health history, including longevity. For the Client and Co-Client, please indicate if the relatives below are living and their current age. If deceased, please list their approximate age at death and cause.

<i>Relative</i>	<i>Client</i>	<i>Co-Client</i>
Mother		
Father		
Maternal Grandmother		
Maternal Grandfather		
Paternal Grandmother		
Paternal Grandfather		

Banker:

First MI Last

Business/Firm Name: _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone () _____ **Business Fax** () _____

Email Address _____ **Permission to Contact?** _____

Estate Planning Attorney:

First MI Last

Business/Firm Name: _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone () _____ **Business Fax** () _____

Email Address _____ **Permission to Contact?** _____

Home Insurance Agent:

First MI Last

Business/Firm Name: _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone () _____ **Business Fax** () _____

Email Address _____ **Permission to Contact?** _____

Life Insurance Agent:

First MI Last

Business/Firm Name: _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone () _____ **Business Fax** () _____

Email Address _____ **Permission to Contact?** _____

Auto Insurance Agent:

First MI Last

Business/Firm Name: _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone () _____ **Business Fax** () _____

Email Address _____ **Permission to Contact?** _____

Long Term Care Insurance Agent:

First MI Last

Business/Firm Name: _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone () _____ **Business Fax** () _____

Email Address _____ **Permission to Contact?** _____

Other (Please Specify):

First MI Last

Business/Firm Name: _____

Business Address _____

City _____ **State** _____ **Zip Code** _____

Business Phone () _____ **Business Fax** () _____

Email Address _____ **Permission to Contact?** _____

Non-Retirement Personal Investments

Cash and Cash Equivalents

Please list only those Cash and Cash Equivalent Accounts that are not envisioned to providing funding for Retirement.

<i>Account Type</i>	<i>Institution</i>	<i>Ownership</i> Client, Co-Client or Joint	<i>Current Balance</i>	<i>Special Purpose?</i>	<i>Credit Line & Interest Rate</i>
Checking			\$		Credit Line _____ Interest Rate _____
Checking			\$		Credit Line _____ Interest Rate _____
Savings			\$		Credit Line _____ Interest Rate _____
Money Market			\$		Credit Line _____ Interest Rate _____
CD			\$		Maturity Date _____ Interest Rate _____
Other			\$		

Equities and Fixed-Income Investments

Please provide copies of all investment statements (stocks, bonds, mutual funds, etc). These include taxable and tax-deferred accounts such as: 401ks, IRA(s), and Annuities.

Stock Options

<i>Option Type (NQSO, ISO, Restricted)</i>	<i>Grant Number</i>	<i>Number of Shares Given</i>	<i>Exercise Date</i>	<i>Ownership (Client, Co-Client)</i>	<i>Shares Exercised & Held</i>	<i>Exercise Price</i>
						\$
						\$
						\$
						\$

Pension Plans

<i>Plan Name</i>	<i>Ownership (Client, Co-Client)</i>	<i>Age Payable</i>	<i>Estimated Amount Per Month or Year</i>	<i>Will Amount Inflate?</i>
			\$	
			\$	
			\$	
			\$	

Education Planning

Please provide statement copies of all Accounts earmarked for education funding, such as UTMA accounts or Section 529 College Savings Plans.

Use Assets/Liabilities

Home and Other Personal Real Estate

<i>Terms</i>	<i>Primary Residence</i>	<i>2nd Home</i>	<i>3rd Home</i>
Purchase Date			
Owner (Client, Co-Client or Joint)			
Purchase Price	\$ _____	\$ _____	\$ _____
Current Market Value	\$ _____	\$ _____	\$ _____
Mortgage Amount at Last Closing	\$ _____	\$ _____	\$ _____
Approximate Date of Last Closing			
Most Recent Balance on Mortgage			
Interest Rate on Mortgage	%	%	%
Mortgage Type (Fixed or Adjustable?)			
Mortgage Terms in Years and Due Date			
Monthly Payment	P & I \$ _____ Insurance \$ _____ Taxes \$ _____	P & I \$ _____ Insurance \$ _____ Taxes \$ _____	P & I \$ _____ Insurance \$ _____ Taxes \$ _____

Other Personal Assets

<i>Asset Type</i>	<i>Leased or Owned</i>	<i>Current Value</i>	<i>Ownership</i> (Client, Co-Client or Joint)	<i>Year Purchased</i>	<i>\$ Insured</i>
Car		\$ _____			\$ _____
Car		\$ _____			\$ _____
Car		\$ _____			\$ _____
Boat		\$ _____			\$ _____
Personal Property		\$ _____			\$ _____
Other _____		\$ _____			\$ _____
Other _____		\$ _____			\$ _____
Other _____		\$ _____			\$ _____

Liabilities

<i>Loan Type</i>	<i>Current Balance Remaining</i>	<i>Monthly \$ Payment</i>	<i>Borrower</i>	<i>Interest Rate Charged</i>	<i>Estimated Payoff Date</i>
Car	\$	\$			
Car	\$	\$			
Car	\$	\$			
Boat	\$	\$			
Credit Card	\$	\$			
Credit Card	\$	\$			
Credit Card	\$	\$			
Credit Card	\$	\$			
Credit Card	\$	\$			
Loan from Retirement Plan	\$	\$			
Loan from Retirement Plan	\$	\$			
Loan from Insurance Policy	\$	\$			
Loan from Insurance Policy	\$	\$			
Other	\$	\$			
Other	\$	\$			
Other	\$	\$			

Income

<i>Source</i>	<i>Client</i>	<i>Co-Client</i>
Annual Salary (W-2)	\$	\$
Bonus	\$	\$
Bonus Frequency (Monthly, Quarterly or Annually)	Monthly Quarterly Annually (Circle One)	Monthly Quarterly Annually (Circle One)
Gifts	\$	\$
Other	\$	\$

Expenses

Committed expenses are expenses that are more or less fixed, while *discretionary expenses* are expenses over which the client has control. *Investment outlays* are systematic contribution to retirement or non-retirement savings plans

<i>Expense Type</i>	<i>Monthly</i>	<i>Or Annually</i>	<i>Notes</i>
<i>Committed Expenses</i>			
Taxes			
Personal Property Taxes (VA Residents)			
Real Estate Taxes			
Other _____			
Other _____			
<i>Total Tax Payments</i>			
Business Expenses			
Housing			
Rent (not Mortgage Payment)			
Home Repair and Purchases			
Utilities			
Cable/Internet			
Cell Phone Bills			
Furnishings			
Second Home Expenses			
Other Service (Gardener, Maid, etc.)			
Other _____			
Clothing			
Food			
Prepared at Home			
Elsewhere (restaurants)			
Transportation			
Gas			
Repairs			
Commuting			
Other _____			
Medical and Dental			
Health/Dental Insurance Premiums			
Unreimbursed Expenses			
Self-Employment health-care exp.			
Insurance Premiums			
Auto Insurance			
Life Insurance			
Disability Insurance			
LTC Insurance			
Homeowners Insurance			
Umbrella/Liability Insurance			
Other _____			
Alimony Paid			

Expenses (continued)

<i>Expense Type</i>	<i>Monthly</i>	<i>Or Annually</i>	<i>Notes</i>
<i>Discretionary Expenses</i>			
Personal Spending (Cash, ATM, etc.)			
In-town Recreation and Entertainment			
Vacations			
Gifts			
Holiday Giving/Birthdays			
Other _____			
Charitable Contributions			
Adult Education (non-qualified)			
Children			
Child Care			
Education			
Other (Camps, Lessons, etc.)			
Other Expenses			
Health Club			
Pets			
Other _____			
<i>Investment Outlays</i>			
IRA Contributions			
Retirement Plans (401(k) etc.)			
Non-Retirement Investments			
Annuities			
Other _____			

Insurance Coverage

Life Insurance

<i>Name of Insurance Company</i>	<i>Type</i>	<i>Owner</i>	<i>Insured</i>	<i>Beneficiary</i>	<i>Face Amt. of Insurance</i>	<i>Premium per Year</i>	<i>Cash Value</i>	<i>Loan Amount</i>
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$
					\$	\$	\$	\$

Disability Insurance

<i>Name of Insurance Company</i>	<i>Insured</i>	<i>Monthly Benefit</i>	<i>Paid with Pre-Tax \$ (Yes or No)</i>	<i>Premium Paid per Year</i>	<i>Individual or Group</i>
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	

Long Term Care Insurance

<i>Name of Insurance Company</i>	<i>Insured</i>	<i>Daily Benefit</i>	<i>COLA Rate</i>	<i>Annual Premiums</i>	<i>Inflated By</i>	<i>Benefit Period</i>	
		\$		\$		<i># of Years</i>	<i>-Or- Until Age</i>
		\$		\$			
		\$		\$			
		\$		\$			

Estate Planning

Wills, Trusts, Medical Directives, Durable Powers of Attorney

Has the Client executed Will? _____ If yes, approximate date executed _____

Has the Co-Client executed a Will? _____ If yes, approximate date executed _____

Has the Client executed any Trusts? _____

Has the Co-Client executed any Trusts? _____

Has the Client executed a Medical Directive (sometimes called a Living Will?) _____

Has the Co-Client executed a Medical Directive (sometimes called a Living Will?) _____

Has the Client executed a Durable Power of Attorney? _____

Has the Co-Client executed a Durable Power of Attorney? _____

Dates any of these Documents were last reviewed _____

Do you expect to receive any inheritance? _____ If yes, please state from whom and approximate amounts to be received.

Gifts

Does the Client or Co-Client intend to establish a gifting program? If yes, please explain below.