

Data Gathering Worksheet

	ı	iala Gali	nering work	SHEEL					
Family Information					1				
Client Name:			Date of Birth:		Mar	ital Status			
	Spouse Name:		Date of Birt	h:					
Address:									
City:			State:		Zip:				
Home Phone:			Client Cell Phone:						
Spouse Cell Phone:			Spouse Ema	ul:					
Client Email:									
Children/Grandchildren	_					_			
Name	Child/Gra	ndchild	DOB	Marital S	tatus	s Spouse		DOB	
Age Assumptions									
Client/Spouse	Client/Spouse Retire		ement Age Assumed Li		Life Ex	pectancy			
Real Estate									
Name			Current Va	lue	Owr	ner			
Checking and Savings Acco	ounts								
Type/Institution Name Curren		nt Value Owner					hly		
								gs	
		1		ı					

Investment Accounts	(401k, 403b,	, 457, IRA, R o	oth IRA, 529	Plan, Annuity)
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Type/Institution Name	Current Value	Owner	Beneficiary	Monthly	Employer Match
1.7				Savings	Match

Life Insurance

	Life Policy	Life Policy	Life Policy	Life Policy 1
Policy Name				
Purchase Date				
Policy Type				
Insured				
Owner				
Beneficiary				
Current Death Benefit				
Current Cash Value				
Annual Premium				
Premium Term				

Disability Insurance

	Employer	Employer	Individual Policy 1	Individual Policy 2
	Benefit	Benefit		
Policy Name				
Purchase Date				
Insured				
Benefit Type				
Benefit Amount and				
Frequency				
Annual Premium				
Benefit is Taxable?				

Long-Term Care Insuranc	e										
				LTC Pol	icy l		LT	C Policy	2		
Policy Name											
Purchase Date											
Insured											
Benefit Amount/Frequency											
Annual Premium											
Liabilities (Mortgages and Institution Name			Origi	nal Loan		Date of	Loan	Curren	t.	Interest	Term of
moticación i value			Amoi			Duce of	Loui	Balance		Rate	Loan
Income		Annual	Amour	nt Owr	ner		Start	<u> </u>		Ends	
Salary/Bonus		7 IIIII uui	1 Hilloui	10 0 111			Otart			Lites	
Salary/Bonus											
Social Security at Norma Retirement Age	1										
Social Security at Norma Retirement Age	1										
Other											
Other											
Expenses											
Current Living Expenses		Retiren	nent Li	ving	Desi	ired Inco	me at		In the	e event of	
Annually Expenses An					ı Spo		Spou	oouse's Death			
Estate Documents Document Types			T	Date Cro	eated		Da	te Create	d or U	pdated for	Spouse
Wills -				Duce OI	uccu		Ба	e orcait	.a or 0	Paacea 101	эроизс
Health-care Directive/											
Living Will-											
Power of Attorney-											
Trust(s) (If yes, indicate type)											
Other Trusts(s)											

Attorney/CPA Questions:
Do you have and Estate Planning Attorney? Y N Would you like us to recommend someone? Y N
Is your Attorney a key decision maker for you? Y N Is your CPA a key decision maker for you? Y N
Personal Questions:
Do you feel you have achieved financial security through your planned retirement?
Do you feel like your current insurance coverage is adequate for your situation? Do you have any potential inheritances?
How would you like to pass your estate?
Do you plan to leave any portion of your estate to charity?
Do you need to make any special financial provisions for any member of your family?
What are your plans to deal with Estate Taxes?
What is your largest obstacle in achieving your goals? Are you willing to invest effort/money if a plan serves to reduce/eliminate tax?
Financial Risk Tolerance: Conservative Moderate Aggressive
30
Additional Information
Are there any other facts pertaining to your financial situation or investment experiences that we should be
aware of?
aware or:
Has the information you have provided given and accurate picture of your financial situation?
Tras the information you have provided given and accurate picture of your infancial situation?

