

Information Gathering Worksheet

Confidential

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

"Amounts in Retirement Accounts (IRA, Roth IRA, 401(k), 403b, SEP IRAs, Profit Sharing Plans,"  
" Annuities, Pensions, Previous 401(k) Plans from other employers) "

"Location (Bank, Broker, Employer) Type (IRA, Roth IRA, 403b, etc) Balance "

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_
6. \_\_\_\_\_ \$ \_\_\_\_\_
7. \_\_\_\_\_ \$ \_\_\_\_\_

"Amounts in Non-IRA Accounts (Banks, Checking, Savings, Credit Unions, Certificate of Deposits,"  
" Stocks, Bonds, REITS, Mutual Fund Accounts) "

Name of Institution Type of Account Maturity Date Interest Rate Balance

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_

InformationGatheringworksheet.txt

- 5. \_\_\_\_\_ \$ \_\_\_\_\_
- 6. \_\_\_\_\_ \$ \_\_\_\_\_
- 7. \_\_\_\_\_ \$ \_\_\_\_\_

"Company Owner Insured Type (whole life, term, etc.) Death Benefit "

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

Real Estate (Residence and other Real Estate Interests)

Property Address Tax Basis Market Value Mortgage Balance Loan Rate

- 1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

"Businesses - Sole Proprietorship, Limited or General Partnerships "

Name of Partnership Type of Operation Tax Basis Market Value

- 1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Assets

"Type (antique artwork, automobiles, patents) Tax Basis Market Value "

- 1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities

Type of Liability Balance of Loan Interest Rate Being Charged

- 1. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

Household Cash Flow

Husband's wages \$ \_\_\_\_\_/year Source: \_\_\_\_\_

wife's wages \$ \_\_\_\_\_/year Source: \_\_\_\_\_

Other Income \$ \_\_\_\_\_/year Source: \_\_\_\_\_

\$ \_\_\_\_\_/year Source: \_\_\_\_\_

Approximate Annual Expenses \$ \_\_\_\_\_

what age would you like to retire? Husband \_\_\_\_\_ wife \_\_\_\_\_

"If currently retired, date retired? Husband \_\_\_\_\_ wife \_\_\_\_\_ "

what are your estimated social security benefits? Husband \_\_\_\_\_ wife \_\_\_\_\_

Do you/spouse have an updated will? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you/spouse have an updated Living Trust? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you/spouse have a Power of Attorney for Healthcare? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you/spouse have an updated Living Will? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you feel like you have adequate disability insurance? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you feel like you have adequate life insurance? Yes\_\_\_\_\_ No\_\_\_\_\_

1  
What are your primary financial goals/concerns? \_\_\_\_\_

---

---

---

2  
How would you improve your financial situation if you could? why? \_\_\_\_\_

---

---

---

3. Are you interested in fully maximizing tax-free and tax-deferred accounts (i.e. 401(k) Plans, Roth IRA Accounts, Traditional IRA Accounts)? \_\_\_\_\_ "

4. Are there any special circumstances you would like to plan for in addition to "retirement (weddings, college tuition, sabbaticals, etc.)? \_\_\_\_\_ "

---

5. Are you concerned about Long-Term Care/nursing home avoidance expenses? \_\_\_\_\_

---

---

6. Additional financial/retirement concerns?\_\_\_\_\_

---

---

---

□