

# WADDELL GROUP

AN INDEPENDENT FIRM

## PERSONAL INFORMATION

## CONFIDENTIAL DATA FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ Email \_\_\_\_\_  
1. \_\_\_\_\_

2. \_\_\_\_\_  
Address \_\_\_\_\_ Phone (home) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

\_\_\_\_\_ Phone (other) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Dependent/Beneficiary \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ Custodial/Educational Needs (\$/yrs of need) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone (office) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

## FINANCIAL CONCERNS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## GOALS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

## FINANCIAL POSITION

<b>Assets</b>	Balance	Describe
Cash & Equiv.	\$ _____ \$ _____ \$ _____	_____
Annuities	\$ _____	_____
Brokerage	\$ _____ \$ _____	_____

		Describe
Home Value	\$ _____	_____
2 <sup>nd</sup> Home Value	\$ _____	_____

Pensions	\$ _____	_____
IRAs	\$ _____ \$ _____	_____
401(k)	\$ _____ \$ _____	_____
Other Assets	\$ _____	_____
Business	\$ _____	_____
Real Estate	\$ _____	_____

<b>Liabilities</b>	Balance	Monthly Pmt	Interest Rate
Home Mtge	\$ _____	\$ _____	_____%
Home Eq Loan	\$ _____	\$ _____	_____%
Credit Cards	\$ _____	\$ _____	_____%
Other	\$ _____	\$ _____	_____%
<b>Net Worth</b>	\$ _____		

<b>Income</b>		Describe
Salary	\$ _____	_____
Salary	\$ _____	_____
Business	\$ _____	_____
Other	\$ _____	_____

<b>Expenses</b>		Describe
Housing	\$ _____	_____
Living Exps.	\$ _____	_____
Medical	\$ _____	_____
Charitable	\$ _____	_____
Savings/Retrmt	\$ _____	_____
Other	\$ _____	_____

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## WILLS/TRUSTS

Name	Date of Latest Will	Date of Latest Trust	Contingent Guardians/Trustees
1. _____	_____	_____	_____
2. _____	_____	_____	_____
CPA/Accountant _____			
Estate Attorney _____			
Other Professional _____			

## EXISTING LIFE, LONG-TERM CARE, DISABILITY INSURANCE

Name	Benefit Amount	Type	Other Comments
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____
4. _____	\$ _____	_____	_____

## NOTES

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ISSUES AND CONCERNS

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please circle the answer that best describes your situation:

TAX PLANNING

Do you anticipate a rollover of company savings or pension distribution?	Y	N	Don't Know
Do you pay tax on your investment earnings?	Y	N	Don't Know
Are your medical expenses being deducted from income?	Y	N	Don't Know
Are you able to maximize charitable contributions?	Y	N	Don't Know

EDUCATION PLANNING

Do you have sufficient funds for your children's education?	Y	N	Don't Know
Is there a contingent owner listed on the account?	Y	N	Don't Know
Would you like to assist anyone in education funding?	Y	N	Don't Know
Do your education assets grow tax free?	Y	N	Don't Know

INVESTMENT PLANNING

Do you need financial organization?	Y	N	Don't Know
Has your portfolio been reviewed by an independent advisor?	Y	N	Don't Know
Is there too much month at the end of your money?	Y	N	Don't Know
Are you currently invested in <i>submerging markets</i> ?	Y	N	Don't Know
Will your portfolio be able to go as far in the future as it would today?	Y	N	Don't Know
Does your portfolio match your risk tolerance?	Y	N	Don't Know
Do you plan on making additional investments?	Y	N	Don't Know

INSURANCE

Does your health insurance cover disabled children over age 22?	Y	N	Don't Know
Have you rebid your insurance policies within the last 24 months?	Y	N	Don't Know
Can you afford to pay for care if incapacitated?	Y	N	Don't Know
Do you have access to life insurance benefits while still alive?	Y	N	Don't Know
Is your health insurance available to you or your family after retirement?	Y	N	Don't Know

BUSINESS PLANNING

Do you own, or will you acquire or sell a business?	Y	N	Don't Know
Are you using all the tax advantages available for your business?	Y	N	Don't Know
Is your business tax planning coordinated with your personal planning?	Y	N	Don't Know

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## COMPANY BENEFITS

Are you taking full advantage of health and dependent benefits?	Y	N	Don't Know
Have you done the proper planning with company stock options?	Y	N	Don't Know
Does your pension offer survivor benefits to disabled children?	Y	N	Don't Know
Does your strategy maximize company match contributions?	Y	N	Don't Know

## ESTATE PLANING

Do you have wills or trusts?	Y	N	Don't Know
Do your Powers of Attorney contain new HIPAA language?	Y	N	Don't Know
Do you have children from more than one relationship?	Y	N	
Do you own real estate in more than one state?	Y	N	Don't Know
Are you the beneficiary of any trusts or wills?	Y	N	Don't Know

## ELDERCARE AND SPECIAL NEEDS

Does any family member need assistance or have special needs?	Y	N	Don't Know
Have you written your vision of your loved one's quality of life?	Y	N	Don't Know
Have you named someone responsible for his / her daily care?	Y	N	Don't Know
Have you named someone to oversee his / her financial affairs?	Y	N	Don't Know
Will your assets replace or supplement his / her government benefits?	Y	N	Don't Know
Will your parents require financial assistance in the event of illness?	Y	N	Don't Know

## OVERALL PLANNING

Do you need a coordinated integrated financial plan?	Y	N	Don't Know
Do you spend enough time on your finances?	Y	N	Don't Know
Have you set specific financial goals?	Y	N	Don't Know
Are you good at procrastinating?	Y	N	Don't Know

## ADDITIONAL COMMENTS OR CONCERNS

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## Documents Needed

The following documents will be used to prepare a strategy for your financial needs. This material will be treated confidentially and returned.

*From your*

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Personal Files	<input type="checkbox"/>	Latest income tax returns
	<input type="checkbox"/>	Loan documents
	<input type="checkbox"/>	Wills
	<input type="checkbox"/>	Trust Agreements
	<input type="checkbox"/>	Major asset purchase details
	<input type="checkbox"/>	Other _____

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Employer	<input type="checkbox"/>	Payroll or other income statements
	<input type="checkbox"/>	Employee benefits booklets
	<input type="checkbox"/>	Retirement savings plans
	<input type="checkbox"/>	Pension plans
	<input type="checkbox"/>	Other _____

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Bank or Credit Union	<input type="checkbox"/>	Checking account statements
	<input type="checkbox"/>	Savings/CDs/Money Market account statements
	<input type="checkbox"/>	Credit Card statements
	<input type="checkbox"/>	Other _____

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Broker or Mutual Fund Company	<input type="checkbox"/>	Latest monthly statements
	<input type="checkbox"/>	Other _____

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Insurance Company	<input type="checkbox"/>	Latest life insurance/annuity account statements
	<input type="checkbox"/>	Health insurance/hospital & major medical policy information
	<input type="checkbox"/>	Disability income insurance policy information
	<input type="checkbox"/>	Property & Casualty policy information
	<input type="checkbox"/>	Long-Term Care policy information
	<input type="checkbox"/>	Other _____

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Business	<input type="checkbox"/>	Buy-Sell Agreements
	<input type="checkbox"/>	Deferred Compensation Agreements
	<input type="checkbox"/>	Stock/Option/Bonus Plans
	<input type="checkbox"/>	Other _____

Additional Comments: \_\_\_\_\_

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