

DATA GATHERING FORM



For: _____

Date: _____

**SECTION ONE
PERSONAL DATA**

1. General: Client

Full name _____

Other or Former names _____

Name as you want it to appear in documents _____

Date of birth _____

Social Security No. _____

Citizen of What Country _____

Occupation _____

Name and address of employer _____

2. Home address, email, fax and telephone numbers:

Street: _____

City/Town and State _____ Zip _____

Home Telephone: (____) _____ - _____

Business Telephone: (____) _____ - _____

Cell phone: (____) _____ - _____ (optional)

Fax number: (____) _____ - _____

Email address: _____

3. Any Children?

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Are any children adopted? _____

Are any children deceased? If so, are there any living children of the deceased child?

Do any of the children have special medical, psychological or educational needs?
(Please specify) _____

Is there any other information regarding your children that would be relevant to this process?

4. Spouses of Children:

Name of Child

Name of Spouse

_____	_____
_____	_____
_____	_____
_____	_____

5. Grandchildren:

Name of Grandchild

Name of Parent

_____	_____
_____	_____
_____	_____
_____	_____

6. Names and Addresses of Living Parents:

State of health:

Anticipated inheritance:

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7. Names and Addresses of Living Brothers and Sisters:

Client's

_____	_____
_____	_____
_____	_____

8. Prior Marriages: Yes No

If yes, name of former spouse: _____

Please *attach copies* of any separation or divorce agreements, any judgments for divorce and any pre- or post-nuptial agreements, unless copies are presently held by this office.

9. Do you presently have a will or a trust? Yes No

If so, please *attach copies* unless copies are presently held by this office.

10. Do you have the power to appoint assets under another person's will or trust? (This does not include being named an executor or trustee)

Yes No

If so, please provide details: _____

11. Have you made any substantial gifts in the past or placed property in joint names?

Yes No

If so, please provide details: _____

12. Are you a beneficiary under any trust?

Yes No

If so, please *attach copies* unless copies are presently held by this office.

13. Location of safe deposit box: _____

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14. Name and address of:

Investment Broker: _____

Accountant: _____

Insurance Agent: _____

**SECTION TWO
FINANCIAL DATA**

SUMMARY OF ASSETS

	Client	Joint (provide name of joint owner)
Annual Income	_____	_____
Savings Accounts	_____	_____
Securities (A)	_____	_____
Stock Options (B)	_____	_____
Closely Held Business Interests (C)	_____	_____
Real Estate: (D)		
Primary Residence:	_____	_____
Other Property:	_____	_____
Life Insurance (E)	_____	_____
Retirement Plans: (F)	_____	_____
Personal Property: (G)		
Art/Antiques	_____	_____

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Jewelry	_____	_____
Automobile(s)	_____	_____
Miscellaneous (H)	_____	_____
Other Assets: (I)	_____	_____
TOTAL ASSETS	_____	_____

Please give your best estimate of value to the nearest \$1,000 and feel free to attach additional pages if necessary to include all assets. The letters refer to the comments following the summaries.

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SUMMARY OF LIABILITIES

Mortgages

<u>Amount</u>	<u>Owed to Whom</u>	<u>Due Date</u>	<u>Secured by what Real Estate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Indebtedness

<u>Amount</u>	<u>Owed to Whom</u>	<u>Due Date</u>	<u>Secured by what Asset</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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COMMENTS

These letters refer to the asset classification on the previous Summary of Assets schedule.

A. Please attach list of securities detailing: whether stock or bond; number of shares or face amount if bond; whether common or preferred; the name of the company; and the fair market value of the stock or bond.

B. Please attach stock option agreement and describe number of vested and non-vested options, strike price, current stock price, and any other relevant information.

C. Please describe briefly the closely held business interest:

D. Please describe briefly the location of the real estate, its fair market value, and attach copies of any deeds:

E. Please complete attached Schedule of Insurance.

F. Please complete attached Schedule of Retirement Benefits.

G. Please indicate fair market value and not replacement value.

H. Please describe the miscellaneous tangible personal property here:

I. Please describe the "other" items here:

SCHEDULE OF INSURANCE

Individual Life Insurance Policies:		Client (C)	Trust (T)			
<u>Name of Insurer</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Cash Value</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

1. Do you have an irrevocable life insurance trust? _____
2. When was the last time the policies were reviewed with your insurance advisor? _____
3. Are any of the policies owned by your business? _____
4. Are the premiums for any of the policies paid by your business (or subject to a split dollar agreement)? _____

Group Life Insurance Policies:

<u>Name of Employer</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Miscellaneous:

1. Do you own Long Term Care Insurance? _____
2. Do you have a Disability Insurance Policy? _____
3. Do you have an Umbrella Liability Insurance Policy? _____
4. Have you recorded a Declaration of Homestead? _____

SCHEDULE OF RETIREMENT BENEFITS

Company Sponsored Qualified Plans: Client (C) Trust (T)
(pension plan, profit sharing, 401(k), Simple, SEP, 403(b), etc.)

<u>Type of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>	<u>Contribution</u>	<u>Co. Match</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Individually Owned Qualified Retirement Plans: (IRA, Roth IRA, Qualified Annuity)

<u>Type of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>	<u>Contribution</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-Qualified Retirement Benefits: (deferred compensation, golden parachute, non-qualified deferred annuity)

<u>Type of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Current Value</u>	<u>Contribution</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____