



**INVESTMENT DATA GATHERING FORM**

**Alexander Financial Planning, Inc.  
Registered Investment Adviser**

**Please note that this is a writeable document.  
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## CLIENT'S INVESTMENT CHECKLIST

This *Personal Information Checklist* is designed to help you provide us with necessary information. Provide as much detail as possible. Please also provide photocopies of your personal documents listed below. If originals are provided, we will make copies and return the originals to you.

- Personal Data, Worksheet 1, pages 2-4.
  
- Investment Experience & Risk Preference, page 5.
  
- Net Worth, page 6: *In lieu of completing all parts of this section, applicable copies of the following documents can be included. We may currently be receiving some statements and you do not have to provide a copy of these statements:*
  - mutual fund statements       brokerage statements
  - bank statements                       401/403/Deferred comp statements
  
- Retirement Plans: *Please provide general information related to employer retirement plans. If you do not have this, contact your benefits department and request they provide this information.*

# PERSONAL DATA FORM

Today's Date \_\_\_\_\_

Client Name (C) \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ U.S. Citizen  yes  no

Partner Name (P) \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ U.S. Citizen  yes  no

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone for (C) \_\_\_\_\_ (P) \_\_\_\_\_

Home E-Mail Address for (C) \_\_\_\_\_ (P) \_\_\_\_\_

## EMPLOYMENT

CLIENT

PARTNER

Business Phone \_\_\_\_\_

\_\_\_\_\_

Business E-Mail \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

\_\_\_\_\_

Business Street Address \_\_\_\_\_

\_\_\_\_\_

City - State - Zip Code \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_

Years with Employer/In Industry \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

**CURRENT STATUS**

	CLIENT	PARTNER
Date of Marriage/Yrs Married	_____ / _____	_____ / _____
If Divorced, Final Divorce Date	_____	_____
On-going Financial Obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe	_____ _____	_____ _____
Substantial Inheritance Expected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a married resident of: Arizona_____, California_____, Idaho_____, Louisiana_____, Nevada_____, New Mexico_____, Texas_____, Washington_____, or Wisconsin_____?		

**CHILDREN**

Full Name	Social Security #	Birth Date	Present	Dependent?
			School Grade	(Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ADVISORS**

Name/Address	Phone	Satisfied with Service (Y/N)	Years Worked
Attorney_____	_____	_____	_____
Tax Preparer_____	_____	_____	_____
Investments_____	_____	_____	_____
Personal Banker_____	_____	_____	_____
Prop/Cas/Auto Agent_____	_____	_____	_____
Insurance/Other Agent_____	_____	_____	_____
Have you made any changes to your advisors?_____			

Is there a reason why you made this change? \_\_\_\_\_

Were you referred to Alexander Financial Planning? If so, by whom? \_\_\_\_\_

**HEALTH**

CLIENT

PARTNER

Are you in good health? \_\_\_\_\_

\_\_\_\_\_

Are all family members in good health? \_\_\_\_\_

\_\_\_\_\_

Are your parents still living and if so, how old are they ? \_\_\_\_\_

\_\_\_\_\_

Do you smoke? \_\_\_\_\_

\_\_\_\_\_

If you smoked, when did you quit? \_\_\_\_\_

\_\_\_\_\_

**HOBBIES/INTERESTS**

Please Describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# NET WORTH

## LIST OF ACCOUNTS

(Please attach current copies of statements if we are not currently receiving)

### 1. CASH AND CASH EQUIVALENTS (Checking, savings, etc)

Institution	Type *	Ownership ***	Approx. Balance

\* checking, CD, Savings, etc.

### 2. LIST OF INVESTMENT ACCOUNTS (mutual fund, brokerage statements, 401-K, 403-B, 457, etc)

Institution	Type **	Ownership***	Approx. Balance

\*\* taxable, joint tenancy, IRA, 403B, etc.

\*\*\*Indicate ownership: client (1), partner (0), joint tenants (2), community property (CP), trust (T), tenants in common (TC)

### 3. STOCK OPTIONS

Do you have stock options? (circle one)

Yes or No

If yes, please attach copy of current statement.