



INVESTMENT DATA GATHERING FORM

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

**Please note that this is a writeable document.
Download to your computer and save every edit.**

1621 W. First Avenue
Grandview Heights, Ohio 43212
614.538.1600
fax: 614.824.4865
www.alexanderfinancialplanning.com

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

			Present	Dependent?
Full Name	Social Security #	Birth Date	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. _____
