ALEXANDER
FINANCIAL PLANNING

CASH FLOW WEALTH MANAGEMENT (or) FINANCIAL PLANNING ONLY DATA GATHERING PACKET

Alexander Financial Planning, Inc.
Registered Investment Adviser

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

The information requested in this packet is strictly confidential.
Completion of this Data Gathering Packet is your first step in helping us work towards a financial plan. The more accurate and thorough the information provided the better we are able to create a picture of your current and future financial life.

3600 Olentangy River Road, Suite C2
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CLIENT'S FINANCIAL 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. Items in bold are documents needed and not found in the Data Gathering Packet.

☐ Personal Details -pages 2-4.

☐ Goals and Investment Profile -pages 5-8.

☐ Current Income and Spending Levels -pages 9-14: *Try to be as realistic as possible. Please list income annually, but note that the expense worksheet has both annual and monthly columns. You can choose either.*

Copy of recent Pay Stub(s). *How many pay periods do you have in a year?*

*Client*_____ *Partner*_____

☐ Net Worth -pages 15-18: *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
- ☐ current copy of mortgage information, including payment of principle & interest, interest rate, payoff date . . . please note if additional payments are being made
- ☐ documentation pertaining to any additional liabilities (credit card statements, etc.)

☐ **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.*

☐ **Other Company Group Benefits**: *Please include a copy of your current benefit information if you have had updates. This includes short term disability, long term benefits, long term care, life insurance, and health insurance.*

☐ Insurance Coverages (Individual) - page 19: *Can include copy of policies in lieu of completing all details.*

- ☐ life insurance ☐ medical insurance ☐ auto
- ☐ disability/long-term care ☐ homeowners, umbrella

☐ **Social Security**: *Have you or your spouse ever been covered under Social Security?*

Client ○ *yes* ○ *no* *Partner* ○ *yes* ○ *no*

If yes, please include an Estimated Benefit Statement from Social Security if available.

☐ Current Estate Planning Strategies, page 20.

☐ **Copy of most recent year's federal, state, and local tax returns**.

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PERSONAL DETAILS Today's Date_____

***Client*:** Name (C)_____Nickname_____

Date of Birth_____Social Security #_____ U.S. Citizen: ○ yes ○ no

Relationship Status: _____ If Married, date of marriage: _____

Previous Marriage? ○ yes ○ no If Divorced, Final Divorce Date:_____

Special Needs? ○ yes ○ no In Good Health? ○ yes ○ no

***Partner*:** Name (P)_____Nickname_____

Date of Birth_____Social Security #_____ U.S. Citizen ○ yes ○ no

Relationship Status: _____ If Married, date of marriage: _____

Previous Marriage? ○ yes ○ no If Divorced, Final Divorce Date:_____

Special Needs? ○ yes ○ no In Good Health? ○ yes ○ no

CONTACT DETAILS

Home Address_____City_____State_____Zip_____

Home Phone _____ Cell Phone for (C) _____(P) _____

Home E-Mail Address for (C) _____ (P) _____

EMPLOYMENT DETAILS

Client Occupation _____ Job Title_____

Employer _____ Type of Business _____

Employer Address_____City_____State ____Zip_____

Business Phone _____ Business E-mail _____

Partner Occupation _____ Job Title_____

Employer _____ Type of Business _____

Employer Address_____City_____State ____Zip_____

Business Phone _____ Business E-mail _____

BROADER ISSSUES

	CLIENT	PARTNER
Are your parents still living?	○ Yes ○ No	○ Yes ○ No
And if so, how old are they?		
Any ongoing financial obligations to other people now or in the future?	○ Yes ○ No	○ Yes ○ No
Please Describe:		

Have you ever been a married resident or currently hold property in the following states? ☐ Arizona, ☐ California, ☐ Idaho, ☐ Louisiana, ☐ Nevada, ☐ New Mexico, ☐ Texas, ☐ Washington, or ☐ Wisconsin?

CHILDREN

Full Name	Social Security #	DOB/Age	US Citizen	Financially Dependent?	Special Needs?	Relationship Status
_____	_____	_____	○ yes ○ no	○ yes ○ no	○ yes ○ no	_____
_____	_____	_____	○ yes ○ no	○ yes ○ no	○ yes ○ no	_____
_____	_____	_____	○ yes ○ no	○ yes ○ no	○ yes ○ no	_____
_____	_____	_____	○ yes ○ no	○ yes ○ no	○ yes ○ no	_____

GRANDCHILDREN

Full Name	Social Security #	DOB/Age	US Citizen	Financially Dependent?	Special Needs?	Relationship Status
_____	_____	_____	○ yes ○ no	○ yes ○ no	○ yes ○ no	_____
_____	_____	_____	○ yes ○ no	○ yes ○ no	○ yes ○ no	_____
_____	_____	_____	○ yes ○ no	○ yes ○ no	○ yes ○ no	_____
_____	_____	_____	○ yes ○ no	○ yes ○ no	○ yes ○ no	_____

Are all family members in good health? ○ Yes ○ No

Any additional information you would like to share?

ADVISORS

	Name/Address	Phone	Satisfied with Service?	# Years Worked
Attorney	_____	_____	○ yes ○ no	_____
Tax Preparer	_____	_____	○ yes ○ no	_____
Investments	_____	_____	○ yes ○ no	_____
Personal Banker	_____	_____	○ yes ○ no	_____
Prop/Cas/Auto Agent	_____	_____	○ yes ○ no	_____
Insurance/Other Agent	_____	_____	○ yes ○ no	_____

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? _____

HOBBIES/INTERESTS

	CLIENT	**PARTNER**
Please Describe:		

PREFERENCES

	CLIENT	**PARTNER**
Method of contact preferred? (i.e., email, phone, text)	_____	_____
Preferred email or phone #	_____	_____
Beverage preferences Please circle your preference(s).	Coffee ☐ or Tea ☐ w/ Cream ☐ Sugar ☐ Water or Other_____	Coffee ☐ or Tea ☐ w/ Cream ☐ Sugar ☐ Water or Other_____

GOALS AND QUESTIONS

PERSONAL GOALS

Please rank in order of importance (1 = most important):

- ____ Retire comfortably
- ____ Educate your children/grandchildren
- ____ Improve or maintain your current standard of living (cash flow)
- ____ Provide for survivors in the event of death
- ____ Build an estate for heirs or leaving a legacy
- ____ Save for a large purchase (i.e., home improvement, wedding etc.)
- ____ Travel or Other (please explain _____)

Please list any additional financial planning concerns you may have at this time.

CLIENT	**PARTNER _**

What do you believe you are doing well at this point?

CLIENT	**PARTNER**

QUESTIONS

What are your Now (within 1 year), Soon (1-5 years) and Later (5-7 years) financial goals?

Do you anticipate any changes in the near future (job, moving, etc.)? Please describe.

Are you a co-signer on any loans? ○ yes ○ no If yes, please explain.

Are you planning any major capital expenses (i.e., new car, etc.)? If so, when and how much will they cost?

Will you want to give your children or other relatives any financial assistance? If so, when and how much (use today's dollars)?

Do you expect to inherit any money or property? If yes, can you tell us more about this?

EDUCATION

How much do you expect to contribute to your children's or grandchildren's education in today's dollars?

Name	Year Expenses Begin	Expenses Per Year	Number of Years to Fund	Amount Already Saved	Type of Account *
		$		$	
		$		$	
		$		$	
		$		$	
		$		$	
		$		$	

*(UGMA, 529 Plan, Coverdale, Savings Bonds, Etc.)

RETIREMENT

	CLIENT	PARTNER
At what age do you wish to semi-retire or retire?	_____	_____
Select your desired spending level in retirement (based on current spending).	Select	Select
Number of years worked under Social Security?	_____	_____
Are you eligible for a previous spouse's social security benefit or pension plan?	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A
Are you eligible for Veterans (VA) or survivor VA benefits?	○ Yes ○ No	○ Yes ○ No
Are you eligible for Railroad Benefits?	○ Yes ○ No	○ Yes ○ No
Are you eligible for any current or previous employer pension(s)?	○ Yes ○ No	○ Yes ○ No
If yes, from Where:	_____	_____

FAMILY PROTECTION OBJECTIVES

If something were to happen to either of you, what would your wishes be?
What financial choices would you like if your partner were to die?

	CLIENT	PARTNER
Continue to fund college?	○ Yes ○ No	○ Yes ○ No
Maintain current standard of living?	○ Yes ○ No	○ Yes ○ No
Continue same employment?	○ Yes ○ No	○ Yes ○ No
Estimated part-time earnings?	$_____	$_____
Sell or Keep house?	Select	Select
Sell present house and purchase house with market value of…?	$_____	$_____

INVESTMENT EXPERIENCE & RISK PREFERENCE

1. How often have you invested in the following items? Please circle the appropriate numbers:

1=Frequently 2=Occasionally 3=Never

Bank CDs.....1 2 3
Money Market Funds.....1 2 3
Deferred Annuities.....1 2 3
Bonds (U.S. Government).....1 2 3
Bonds (Corporate).....1 2 3
Bonds (Municipal).....1 2 3
Bond Mutual Funds.....1 2 3
Stocks (U.S.).....1 2 3
Stocks (International).....1 2 3
Stock Mutual Funds.....1 2 3
Real Estate.....1 2 3

Real Estate Investment Trusts.....1 2 3
Real Estate Limited Partnership.....1 2 3
Other Limited Partnerships:
_____.....1 2 3
Collectibles:
Coins.....1 2 3
Gold/Silver.....1 2 3
Art/furniture.....1 2 3
Precious stones.....1 2 3
Commodities.....1 2 3
Other.....1 2 3

2. Have you ever lost money in any investment? yes no

3. Are you comfortable investing in the following:

Stocks? yes no
Bonds? yes no
Mutual Funds? yes no
U.S. Treasury Securities? yes no
Certificate of Deposit (CDs)? yes no
Money Market Accounts? yes no

4. Please choose one statement

CLIENT	PARTNER	
		I feel very uncomfortable with any uncertainty in my finances and prefer not to accept any risk even if it means lowering my goals.
		I dislike uncertainty in my finances. However, I will accept a slight amount of risk in order to reach my goals.
		I will accept moderate investment risks if the reward is commensurate with the return.
		I want my investments to grow and realize I may occasionally experience some losses.
		I am very venturesome and can accept the higher volatility associated with aggressive investments.

5. _____% _____ % What rate of return do you expect from future investments?

GROSS INCOME

(PROJECTED FOR CURRENT YEAR)	**CLIENT**	**PARTNER**
Salary	$	$
Commissions	$	$
Bonus	$	$
Self-Employment	$	$
Business Interests (net)	$	$
Pension(s)	$	$
Social Security	$	$
Disability Income	$	$
Trusts	$	$
Alimony/Child Support	$	$
Special (inheritance, sale of property, etc.)	$	$
Other	$	$
Total Income	**$** 0	**$** 0

SAVINGS

	CLIENT	**PARTNER**
Your Contributions to Retirement Plans	○ $ ○ %	○ $ ○ %
Your Contributions to Retirement Plans	○ $ ○ %	○ $ ○ %
Employer Contributions	○ $ ○ %	○ $ ○ %
Employer Contributions	○ $ ○ %	○ $ ○ %
Other	$	$
Other	$	$
Total Savings	**$** 0	**$** 0

EXPENSES (1 of 4)

(PROJECTED FOR CURRENT YEAR)

HOUSING EXPENSES	**MONTHLY**	**ANNUALLY**
Property Taxes	$	$
Condo/Association Fee	$	$
Furnishings/Appliances	$	$
Home Improvements/Maintenance/Repairs	$	$
Cleaning Services	$	$
Lawn Care/Landscaping/ Snow Removal	$	$
Rent Only (not mortgage payment)	$	$
Other:	$	$

UTILITIES	**MONTHLY**	**ANNUALLY**
Gas	$	$
Electric	$	$
Water/Sewer	$	$
Garbage/Trash Disposal	$	$
Alarm/Security	$	$
Other:	$	$

FOOD	**MONTHLY**	**ANNUALLY**
Prepared at Home (groceries, etc.)	$	$
Meals Out	$	$

CLOTHING	**MONTHLY**	**ANNUALLY**
Apparel, Shoes, Outerwear, etc.	$	$

TRANSPORTATION	**MONTHLY**	**ANNUALLY**
Gasoline	$	$
Repairs/Maintenance	$	$
Parking/Tolls/E-Z Pass	$	$
License Fees	$	$
Public Transportation	$	$

COMMUNICATION EXPENSES	**MONTHLY**	**ANNUALLY**
Telephone (land & cell)	$	$
Internet Service	$	$
Cable/Satellite/TV	$	$

Medical (Out of Pocket)	**MONTHLY**	**ANNUALLY**
Medical/Health	$	$
Dental	$	$
Vision	$	$
Prescriptions	$	$
Other:	$	$

EXPENSES – Continued (2 of 4)

(PROJECTED FOR CURRENT YEAR)

INSURANCE PREMIUMS *Health*	**MONTHLY**	**ANNUALLY**
Client: Medical Premium	$	$
Client: Vision Premium	$	$
Client: Dental Premium	$	$
Client: Prescriptions	$	$
Client: Spending Plan (Check one) ◯ (HSA) Health Savings Account ◯ (FSA) Flexible Spending Account	$	$
Partner: Medical Premium	$	$
Partner: Vision Premium	$	$
Partner: Dental Premium	$	$
Partner: Prescriptions	$	$
Partner: Spending Plan (Check one) ◯ (HSA) Health Savings Account ◯ (FSA) Flexible Spending Account	$	$

INSURANCE PREMIUMS *Life*	**MONTHLY**	**ANNUALLY**
Client: Total Premium	$	$
Partner: Total Premium	$	$

INSURANCE PREMIUMS *Disability*	**MONTHLY**	**ANNUALLY**
Client: Total Premium	$	$
Partner: Total Premium	$	$

INSURANCE PREMIUMS *Long-Term Care*	**MONTHLY**	**ANNUALLY**
Client: Total Premium	$	$
Partner: Total Premium	$	$

INSURANCE PREMIUMS *Property/Casualty*	**MONTHLY**	**ANNUALLY**
Homeowners	$	$
Renters	$	$
Auto	$	$
Umbrella	$	$
Flood	$	$
Other	$	$

EXPENSES – Continued (3 of 4)

(PROJECTED FOR CURRENT YEAR)

INSURANCE PREMIUMS *Professional Liability*	**MONTHLY**	**ANNUALLY**
Professional Liability	$	$
Professional Liability	$	$

Personal Care/Services	**MONTHLY**	**ANNUALLY**
Hair (Barber/Salon)	$	$
Nails/Massage/Facial/Etc.	$	$
Dry Cleaning	$	$
Other	$	$

Recreation/Entertainment	**MONTHLY**	**ANNUALLY**
Theater/Museums	$	$
Events/Workshops	$	$
Subscriptions (newspaper/magazine)	$	$
Streaming Services/Music/Movies (Pandora, Netflix, etc.)	$	$
Club/Membership Dues/Classes (Gym, Golf, Yoga, etc.)	$	$
Hobbies	$	$
Other	$	$

Vacation/Travel	**MONTHLY**	**ANNUALLY**
	$	$
	$	$

Gifts	**MONTHLY**	**ANNUALLY**
	$	$
	$	$

Charitable Contributions	**MONTHLY**	**ANNUALLY**
	$	$
	$	$

Child/Elder Care	**MONTHLY**	**ANNUALLY**
Day Care	$	$
School/Education Expenses	$	$
Extra-Curricular	$	$
Tuition	$	$
Child Care Support Payments	$	$
☐ Year payments end or adjust _____, if adjust, amount?	$	$
☐ Year payments end or adjust _____, if adjust, amount?	$	$

EXPENSES – Continued (4 of 4)

(PROJECTED FOR CURRENT YEAR)

Other	**MONTHLY**	**ANNUALLY**
Pet Expenses (Food, Treats, Equipment, Vet, Grooming, Boarding, etc.)	$	$
Alimony Payments	$	$
☐ Year payments end or adjust _____, if adjust, amount?	$	$
☐ Year payments end or adjust _____, if adjust, amount?	$	$
Cash/ATM Withdrawals	$	$
Miscellaneous	$	$

Professional Service Fees	**MONTHLY**	**ANNUALLY**
Financial Planner	$	$
Tax Preparer/Accountant	$	$
Attorney	$	$

Liability Payments *(for each item listed please provide additional information under* ***Net Worth*** *on Pages 17-18)*	**MONTHLY**	**ANNUALLY**
Mortgage (Principal and Interest)	$	$
Auto Loan/Lease Payments	$	$
Student Loans	$	$
Home Equity/Line of Credit	$	$
Credit Cards	$	$
Estimated Tax Payments		
Federal	$	$
State	$	$
Local	$	$
Self-Employment	$	$
FICA	$	$
Medicare	$	$
Other	$	$

Investment/Rental Property	**MONTHLY**	**ANNUALLY**
Income:		
Property 1	$	$
Property 2	$	$
Expenses:		
General: Property 1	$	$
General: Property 2	$	$
Insurance: Property 1	$	$
Insurance: Property 2	$	$
Property Tax: Property 1	$	$
Property Tax: Property 2	$	$
Other Expense: Property 1	$	$
Other Expense: Property 2	$	$

NET WORTH

PERSONAL PROPERTY

Item	Owner	Estimated Current Value *(Assume Garage Sale Value)*
Home Furnishings		$
Home Furnishings		$
Electronics		$
Automobiles		$
Automobiles		$
Jewelry		$
Jewelry		$
Collectibles		$
Collectibles		$
Clothing (in your closet & on your back)		$
Clothing (in your closet & on your back)		$
Antiques		$
Antiques		$
Boat, airplane		$
Boat, airplane		$
Other		$
Other		$

Business Interests

Do you have any outside Business Interests? (check one) ○ Yes ○ No

If yes, please provide below.

Type of Business	Owner (Client, Partner, Joint, etc.)	Current Value	Debts	Net Value
		$	$	$
		$	$	$
		$	$	$

NET WORTH – Continued

LIST OF ACCOUNTS

(Please attach current copies of statements for each item listed below if we are not currently receiving)

1. *CASH AND CASH EQUIVALENTS* (Bank or Credit Union Checking & Savings accounts, CD's etc.)

Institution	Type	Owner	Approx. Balance
			$
			$
			$
			$
			$

2. LIST OF INVESTMENT ACCOUNTS

(Type to include Mutual fund(s), brokerage statement(s), Retirement Plans such as 401-K, 403-B,457 Plan Deferred Compensation, College Funding such as 529 Plan, ABLE Acct, Individual Stocks./Bonds, Annuities, etc.)

Institution	Type	Owner	Approx. Balance
			$
			$
			$
			$
			$
			$
			$
			$

3. STOCK OPTIONS

Do you have stock options? (check one) ◯ Yes ◯ No

If yes, please attach copy of current statement.

4. SAVINGS BONDS

Do you have U.S. Savings Bonds? (check one) ◯ Yes ◯ No

If yes, please provide a list.

NET WORTH - Continued

REAL ESTATE	Primary Residence	Secondary Residence	Investment Property	Investment Property
Address				
City/State				
Type (Residence, Non-Residence)				
Year of Purchase				
Purchase Amount	$	$	$	$
Current Market Value	$	$	$	$
Who Owns				

MORTGAGES	Primary Residence	Secondary Residence	Investment Property	Investment Property
Mortgage (Y or N)	Select	Select	Select	Select
Borrower				
Loan Institution				
Loan Type (mortgage, line of credit, etc.)				
Original Loan Amount	$	$	$	$
Date of Loan				
Loan Term (Years)				
Current Balance	$	$	$	$
Interest Rate (select one) ○ Fixed ○ Variable	%	%	%	%
Are You Making Additional Payments? If so, Amount:	$	$	$	$
Frequency of Additional Payments?				

NET WORTH - Continued

LIABILITIES OTHER THAN MORTGAGES – *Please provide copies of documentation with this information.*
(Type includes Credit cards, Car Payments, Personal Loans, Student Loans, etc.)

	Liability 1	Liability 2	Liability 3	Liability 4
Type				
Loan Institution				
Borrower				
Amount Borrowed	$	$	$	$
Date of Loan				
Term (# of years):				
Interest Rate:	%	%	%	%
Monthly Payment:	$	$	$	$
Current Balance Due	$	$	$	$
Making Additional Payments? If so, Amount:	$	$	$	$

	Liability 5	Liability 6	Liability 7	Liability 8
Type				
Loan Institution				
Borrower				
Amount Borrowed	$	$	$	$
Date of Loan				
Term (# of years):				
Interest Rate:	%	%	%	%
Monthly Payment:	$	$	$	$
Current Balance Due	$	$	$	$
Making Additional Payments? If so, Amount:	$	$	$	$

INSURANCE COVERAGES

1. ***LIFE INSURANCE*** *(Type includes Term, Whole Life, Universal Life, Variable Life, etc.) Please provide copies of current declaration page.*

Company Name	Owner/Insured	Type	Face Amount	Cash Value (if not Term)	Beneficiary
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	
			$	$	

2. ***MEDICAL, DENTAL, and/or VISION INSURANCE*** *(Employer Benefit Booklets or Copies should be included.)*

Carrier Name	Insured	Coverage Major Medical (M) Dental (D) Vision (V)

3. ***DISABILITY and/or LONG TERM CARE INSURANCE*** *(Please include Declaration Page.)*

Company Name	Type (DI or LTC)	Insured	Monthly Benefit (if known)
	Select		$
	Select		$
	Select		$
	Select		$
	Select		$

4. ***PROPERTY/CASUALTY/AUTO/UMBRELLA*** *(Please include Declaration Page for all types.)*

Company Name	Type

ESTATE PLANNING DETAILS

WILLS	**CLIENT**	**PARTNER**
Do you have a will?	○ yes ○ no	○ yes ○ no
Date Written/Updated?	_____	_____
Executed in which State?	_____	_____
Who is the executor?	_____	_____
Are there any special provisions?	○ yes ○ no	○ yes ○ no
If yes, please explain:		

OTHER DOCUMENTS

Do you have Powers of Attorney?		
Health Care POA	○ yes ○ no	○ yes ○ no
Financial POA	○ yes ○ no	○ yes ○ no
Durable/General POA	○ yes ○ no	○ yes ○ no
Do you have a Living Will?	○ yes ○ no	○ yes ○ no
Do you have a Letter of Instruction?	○ yes ○ no	○ yes ○ no

TRUSTS

Do you have a Trust?	○ yes ○ no	○ yes ○ no
Type of Trust? (Revocable, Irrevocable, Special Needs, etc.)	_____	_____
Who is/are the trustees?	_____	_____

ADDITIONAL INFORMATION

Do you have Charitable Inclinations?	○ yes ○ no	○ yes ○ no
If so, to whom or what organization(s)?		
Do you have Durable Power of Attorney for children/grandchildren over age 18?	○ yes ○ no	○ yes ○ no