**GOAL DRIVEN
WEALTH MANAGEMENT
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.

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GOAL DRIVEN WEALTH MANAGEMENT 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 5-9.

☐ **Current Income and Spending Levels** -pages 10-13: *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.* ****Please see the note in the Expenses Section.***

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

Client_________ Partner_______

☐ **Net Worth** - pages 14-17: *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 18: *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____________ Partner______________

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

☐ **Current Estate Planning Strategies** - page 19.

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

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
_________________________	______________	_________	◯ 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	___________

ADVISORS

	Name/Address	Phone	Satisfied with Service?	# Years Worked
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? ____

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	☐ ☐ ☐ ☐ Coffee or Tea w/ Cream Sugar
	Water or Other_____________	Water or Other_____________

GOALS AND QUESTIONS

PERSONAL GOALS

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

0 College Funding

0 Debt Elimination

0 Saving for Retirement

0 Paying off student loans

0 Going back to school

0 Having Children

0 Becoming a single income household

0 Save for a large purchase

0 Travel

0 Save on Income Tax

0 Provide for survivors in the event of death

0 Other, please explain ____

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

CLIENT	**PARTNER**
____	____
____	____
____	____

QUESTIONS

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

CLIENT	**PARTNER**
____	____
____	____
____	____

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 there any health issues that may affect your financial plan? ◯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 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?	____________		____________	
Will you be eligible for Veterans (VA) benefits?	◯Yes	◯No	◯Yes	◯No

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?	**SELL or KEEP**	**SELL or KEEP**
Sell present house and purchase house with market value of…?	$________________________	$________________________

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

	Type 401(k), 403(b), etc.	CLIENT	PARTNER
Your Contributions to Retirement Plans ○ $ ○ %			
Your Contributions to Retirement Plans ○ $ ○ %			
Employer Contributions ○ $ ○ %			
Employer Contributions ○ $ ○ %			
Other		$	$
Other		$	$
Total Savings		**$** 0	**$** 0

EXPENSES **** This section is for you to input into the program once it is made available to you.***
(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:	$	$

EXPENSES – Continued

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:	$	$

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**
	$	$
	$	$

EXPENSES – Continued
(PROJECTED FOR CURRENT YEAR)

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?	$	$

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	$	$

Estimated Tax Payments	MONTHLY	ANNUALLY
Federal	$	$
State	$	$
Local	$	$
Self-Employment	$	$
FICA	$	$
Other	$	$

EXPENSES – Continued

(PROJECTED FOR CURRENT YEAR)

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)				
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 COVERAGE

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)	Annual Premium	Beneficiary
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	
			$	$	$	

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

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

3. ***DISABILITY*** *(Please include Declaration Page or Employer Benefits Booklet.)*

Company Name	Type (DI or LTC)	Insured	Annual Premium	Monthly Benefit (if known)
	N/A		$	$
	N/A		$	$
	N/A		$	$
	N/A		$	$
	N/A		$	$

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

Company Name	Type	Annual Premium
		$
		$
		$
		$

ESTATE PLANNING DETAILS

	CLIENT	PARTNER
WILLS		
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 (POA)?		
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)?	________________	________________
	________________	________________
	________________	________________