

Confidential Information Gathering Document (IGD)

Personal Information

Date: ____/____/____ Referred by: _____

Mr. Mrs. Ms. Miss

Mr. Mrs. Ms. Miss

Name: _____

Spouse's Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail home: _____

E-mail home: _____

E-mail work: _____

E-mail work: _____

Preferred method of communication: *(circle one)*

Preferred method of communication: *(circle one)*

Home phone Work phone Cell phone
E-mail home E-mail work

Home phone Work phone Cell phone
E-mail home E-mail work

Children's Name	Date of Birth	Marital Status

Estate Planning

Do you have a will? Yes No Does this will reflect your current wishes? Yes No

Does your spouse have a will? Yes No Does this will reflect his/her current wishes? Yes No

Name of attorney /law firm: _____

Do you have a Power of Attorney in place? Yes No Does your spouse have a Power of Attorney in place? Yes No

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Do you have a Health Care Proxy in place? Yes No Does your spouse have a Health Care Proxy in place? Yes No

Do you or your spouse have any trusts? Yes No Name of trust: _____

Retirement Planning (Please attach a copy of your current Social Security Stmt and Def Benefit/Pension Stmt(s), (if applicable))

At what age do you expect to retire? _____ Spouse's expected retirement age: _____

Anticipated Pension benefit:	Client Pension 1	Client Pension 2	Spouse Pension 1	Spouse Pension 2
Anticipated annual amount:	\$	\$	\$	\$
Starting age:				
Survivor benefit %	%	%	%	%

Risk Management Planning Please list any individual or group life insurance policies you or your spouse own

Life Ins Company	Policy Type (term, whole life)	Name of Insured	Policy Owner	Beneficiary (primary / contingent)	Face Amount	Cash Surrender Value
Ex: Nationwide	20 Yr Term	Joe Investor	Joe Investor	Primary: spouse Contingent: children	\$500,000	\$ n/a
					\$	\$
					\$	\$

Please list any **disability insurance or long-term care policies** you or your spouse own:

Insurance Company	Name of Insured	Policy Type (Disability, Long-term care)	Premium	Monthly Benefit
			\$	\$
			\$	\$

Financial Profile

Annual Gross Income: \$	Spouse Annual Gross Income: \$
Bonus Income: \$	Spouse Bonus Income: \$

Please list any **cash or cash equivalents** (ie: Cash, Savings acct, Checking acct, CD's, Money Market accounts)

Cash / Cash Equivalents	Owner Name (Your name, Spouse name, Both)	Value \$
Ex: Money Market – HSBC	Both	\$100,000
		\$
		\$
		\$

(Please bring a recent statement for any investment accounts to first meeting)

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Please list any **non-retirement investment** you or your spouse own below.

Description: List below the custodian where Mutual Funds, Stocks or Bond accounts are held. This includes any investments <i>OUTSIDE</i> your retirement accounts	Owner Name (Your name, Spouse name, Both)	Value \$	Cost Basis \$
Ex: Schwab Institutional	Joe	\$732,000	\$650,000
		\$	\$
		\$	\$
		\$	\$

Please list any **retirement accounts** you or your spouse own below. Please attach additional sheet if necessary.

Custodian: (Where the investments are currently held)	Description: IRAs, Roth IRAs, 401(k)	Owner Name	Beneficiaries: (Primary and Contingent)	Value \$
Ex: Oppenheimer Funds	IRA	Jane	Primary: Spouse Contingent: Children	\$240,000

Property Owned	Owner(s) Name (Individual or Jointly Owned)	Fair Market Value
Primary Residence		\$
Additional Residence / Property		\$
Location (State)of additional residence/ property		

Please list any **liabilities** you or your spouse have in the chart below. Please attach an additional sheet if necessary.

Liabilities	Owner Name	Balance	Monthly Payment
Mortgage(s)		\$	\$
Education loans(s)		\$	\$
Auto loan(s)		\$	\$
Child support		\$	\$
Credit card(s)		\$	\$
Other (please specify)		\$	\$
Other (please specify)		\$	\$

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