

Financial Dataform

Client Name
Date

Although tedious and boring, the time you spend in the initial information-gathering process is extremely important to our efforts to help you achieve your goals. The better we understand where you are now and where you want to go, the better we can help you get there. Based on your input, we'll first create a detailed model that accurately portrays your financial situation and then look at various what-if scenarios and strategies. When completed, the final model will serve as a personalized financial tool that can be updated to monitor progress and evaluate other strategies in future years.

All information is strictly confidential.

Please complete all sections of the dataform -- if unsure of exact amounts, rough estimates are sufficient. Write in any additional comments you think might be helpful. If you've already prepared any financial statements or spreadsheets, you can provide those rather than entering the same information into this data gathering form. If you have any questions while completing the dataform, please feel free to call our office.

Documents Checklist

Please provide copies (not originals) of all documents which pertain to your financial situation, including those listed below. If unsure whether a particular document is needed, call our office for discussion.

Paycheck stubs (most recent)

Personal income tax return for the past _____ year(s); include W-2 forms

Business tax return or financial statement for the past _____ year(s)

Wills and trust documents

Most recent mortgage and loan statements

Investment Statements (most recent)

All bank statements (checking, savings, money market, CDs)

All investment and brokerage accounts

Cost basis information for all taxable (non-qualified) accounts

Amount of any non-deductible (after-tax) contributions to tax-deferred (qualified) accounts

All retirement plan accounts and IRAs

Company Benefit Statements (most recent) & Information Booklets

Employer-provided insurance (group health, disability, etc.)

401(k), pension, and profit sharing plans

Deferred compensation plans

Stock option accounts (include all info on expiration and vesting)

Stock purchase plan accounts (include info on account mechanics)

Insurance Statements (most recent), Policies, & Contracts (key pages only)

Variable and fixed annuities

Insurance: life, disability, long term care, liability, homeowners, auto

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Note: in order to make tax and cash flow projections for the current year, we also require asset values and cost basis information as of the prior year-end.

Basic info

Client name; date of birth _____

Employer; job title _____

Co-Client name; date of birth _____

Employer; job title _____

Children's names; dates of birth _____

Accountant name and firm _____

Attorney name and firm _____

Other advisors' name and firm _____

Goals & Objectives

Describe important goals you're currently working toward or may be considering. Examples may include becoming financially independent, funding college expenses, starting a business, buying a second home, etc.

Description of Goal/Objective	Expected Cost (in today's dollars)	Years until Goal/Objective

Planned Transfers

If you are planning to make any significant asset transfers in the future, please describe below. Examples include rollover of a 401(k) account into an IRA, mortgage paydowns, the sale of a business, etc.

Transfer Description

Current Strategies

Describe any financial strategies currently being utilized. This may include **wealth accumulation strategies** (such as regular contributions into IRA accounts or 401(k) plans), **debt reduction strategies** (such as making additional principal payments on a loan), or **redemption strategies** (periodic asset sales). Please indicate the applicable time period for each strategy (i.e., while I'm working, January 2003 through December 2010, etc.).

Description of Strategy	Amount	Frequency	Applicable Period

Note: for employer stock options, our initial financial modeling assumes a default strategy of exercise and sale of options at expiration or termination, whichever comes first.

Potential Strategies

If you'd like to see how different strategies or assumptions might impact your financial situation, please describe them below. Examples include different retirement dates, different living expenses, use of specific estate planning strategies, or major purchases. Please include amounts, frequency, applicable periods, and any other pertinent information.

Strategy/Assumption Description

Key Assumptions

When creating financial models, we use certain default assumptions, as shown below. Assumed returns on investment accounts will be based on their current asset allocation and the asset class returns shown below. If you'd like us to use different assumptions in our calculations, please indicate below

	Default	Alternative?
Inflation rate	3% per year	_____
Annual salary increases	3% per year	_____
College expenses	5% per year	_____
Equities: pre-tax return	8% per year	_____
Fixed income: pre-tax return	5% per year	_____
Cash: pre-tax return	3% per year	_____
Home price appreciation	3% per year	_____
Investment property price appreciation	3% per year	_____

Note: on request, we can also use different rates of return for individual assets you own, as well as different returns for dividends/income vs. realized gains vs. deferred growth. Different return assumptions for an asset may also be used for different time periods.

If still employed, what assumed retirement age (or specific date) should be used?

Client: _____ Co-Client: _____

Should any periods of significantly higher or lower earned income be assumed due to anticipated large bonuses or part-time work? If so, please indicate the income levels and applicable periods.

Client: _____

Co-Client: _____

What percentage of your current living expenses should be assumed for the following potential events?

% While Retired Client: _____ Co-Client: _____

% While Disabled Client: _____ Co-Client: _____

% While Survivor Client: _____ Co-Client: _____

For planning purposes, our default assumption reflects life expectancies of 90 years. If you'd like us to assume a different life expectancy in our projections, please indicate below.

Client: _____ Co-Client: _____

Note: for all assets, please indicate asset titling by listing the owner's initials. For other ownership, please use the following codes: joint tenants - JT, community property - CP, trust - TR, custodial - CU.

Home

Original purchase amount: _____ Titling (owner): _____
 Original purchase date: _____ Current market value: _____
 Cost of any capital improvements: _____

Mortgage

Original principal amount: _____ Outstanding principal: _____
 Effective start date: _____ As of (date): _____
 Amortization period (years): _____

Please describe any other home equity debt, such as lines of credit, second mortgages, etc.

Other real estate

Description	Owner	Purchase Date	Cost Basis	Market Value	Rental Income	Rental Expense

Personal property

Description	Owner	Value

Note: this section is for inventory purposes only. Please list all accounts and their approximate value. Information such as individual securities, market value, cost basis, and shares held should be listed separately on brokerage or insurance statements, attached spreadsheets, etc.

Non-qualified (taxable) assets (cash, mutual funds, brokerage, etc.)

Description	Value	Owner

Qualified (tax-deferred) assets (IRAs, 401k, TSAs, Keoghs, etc.)

Description	Value	Owner

Other assets (investment real estate, collectibles, art)

Description	Value	Owner

If you have investment real estate (rental property) please provide information on income, expenses, and depreciation. A copy of Schedule E from your income tax return can give you that data.

Other liabilities (loans, credit cards, but not loans for your home)

Description	Start Date	Original Amount	Term (Years)	Interest Rate	Current Principal	Principal Date

If you have investment real estate, loans for the purchase of that property should be shown here.

Estate Planning

Please indicate the year in which key estate planning documents were last updated.

Will	Client: _____	Co-client: _____
Durable Power of Attorney	Client: _____	Co-client: _____
Health Care Directive	Client: _____	Co-client: _____

Are there any trusts or family partnerships?	Yes _____	No _____
Are you currently gifting or receiving gifts?	Yes _____	No _____
Have you made any taxable lifetime gifts?	Yes _____	No _____

When your estate is settled, what percentage of your estate would you like to leave to each of the following?

Heirs: _____ Charity: _____ IRS: _____

Taxes

Will you have any carryforward of the following items into the current tax year? If so, please indicate amounts.

Unused charity deductions	_____
Alternative minimum tax (AMT) credits	_____
Realized capital losses	_____

In the current year, have you already incurred any realized gains or losses? If so, please describe.

Earned income (please attach recent pay stubs)

Client	Monthly	<u>or</u>	Annual
Base salary	_____		_____
Bonused salary	_____		_____
Commission income	_____		_____
Self-employment income	_____		_____
Pension income	_____		_____
Social Security income	_____		_____
Other: _____	_____		_____
Other: _____	_____		_____

Co-Client	Monthly	<u>or</u>	Annual
Base salary	_____		_____
Bonused salary	_____		_____
Commission income	_____		_____
Self-employment income	_____		_____
Pension income	_____		_____
Social Security income	_____		_____
Other: _____	_____		_____
Other: _____	_____		_____

Social Security income (skip this section if already getting SSA benefits)

Please indicate the age you think you'll elect to begin receiving Social Security retirement benefits.

Client: _____ Co-Client: _____

Have you received an estimated benefits statement from the Social Security Administration? If so, please indicate your estimated benefit amount and provide us with a copy of your benefits estimate statement.

Client: _____ Co-Client: _____

Expense Worksheet

Lifestyle Expenses

Description	Monthly	Annual	Notes and Questions
Deductions			
Alimony Paid			
Casualty/Theft Losses			
Charitable Contributions			
Medical/Dental out of pocket			
Miscellaneous Deductions			
Property Taxes			
Unreimbursed Business Expenses			
Household			
Child Support Paid			
Clothing			
Dry Cleaning/Laundry			
Groceries/Sundries			
Homeowners/Renters Insurance			
Household Maintenance			
* Mortgage			
Rent			
Utilities - Cable TV			
Utilities - Other			
Utilities - PG&E			
Utilities - Trash			
Utilities - Water			
Auto			
Auto/Transportation Expenses			
Auto Insurance			
Discretionary			
Books & Subscriptions			
Club Dues/Vacation Homes			
Education			
Entertainment			
Gifts			
Home Furnishings			
Misc. Cash Expenditures			
Pet Care			
Recreation/Travel			
Sports & Gym			
Annual Expenses			
	Monthly	Annual	Notes and Questions
Other			
* Life Insurance Premiums			
* Disability Insurance Premiums			
Umbrella Insurance Premiums			
Long Term Care Insurance			

Expense Worksheet

Children, Education and Periodic Expenses

	Planned Start Date	Planned End Date	Annual Amount	Notes and Questions
Children's Pre-College Expenses				
Child's Name:				
Day Care				
School Tuition				
Lessons				
Hobbies and Activities				
Clothing				
Other Expenses				
Child's Name:				
Day Care				
School Tuition				
Lessons				
Hobbies and Activities				
Clothing				
Other Expenses				
Child's Name:				
Day Care				
School Tuition				
Lessons				
Hobbies and Activities				
Clothing				
Other Expenses				
Children's College Expenses				
Child's Name:				
Tuition and Fees				
Books and Supplies				
Room and Board				
Child's Name:				
Tuition and Fees				
Books and Supplies				
Room and Board				
Child's Name:				
Tuition and Fees				
Books and Supplies				
Room and Board				

Expense Worksheet

Children, Education and Periodic Expenses

Major Purchases	Probable Date	Amount	Notes and Questions
Home Improvements			
Furniture			
Wedding			
Other			

Auto Purchases	How Often?	Next Date	Amount less Trade In	Notes and Questions
Primary Auto				
Second Auto				

Vacations	How Often?	Next Date	Amount	Notes and Questions

Disability Insurance Module

Client Name _____ (use a separate page for each policy)

Disability Insurance

Insurer/Policy Name	
Policy Number	
Insured Person	
Owner	
Effective Date	

Policy Type: Group Short Term Disability Group Long Term Disability
 Individual Disability

Waiting period after disability	Weeks	Days
Benefits paid period	Years	To age:
Benefits payable monthly (\$ amount)		Taxable?
Benefits payable	% of salary	Maximum
Indexed during disability by	Inflation	Plus
Indexed before disability by	Inflation	Plus
Premium		Annual Monthly
Indexed by	Inflation	Plus
Premium payer(s)		
Premiums cease	At retirement	At age:

Life Insurance Module

Client Name _____ (complete separate sheet for each policy)

Life Insurance

Insurer/Policy Name	
Effective Date	

- Policy Type:
- Whole Life
 - Variable/Universal Life
 - Term 1 Year Renewable
 - Term 5 Year Renewable
 - Term 10 Year Renewable
 - Term 20 Year Renewable
 - Term 100

Premium Payer	Insured(s)	Policy Owner	Beneficiaries

Payment Frequency (annual or monthly)	
Annual Premium	
Premiums Cease at Age/Date (or never)	
Cost Basis Prior to Current Year (if applicable)	
Disability Waiver? (yes or no)	

Death Benefit	
Coverage Ceases at Age/Date (or never)	
Current Cash Surrender Value	
Cash Value Payable with Death Benefit? (yes or no)	
Death Benefit Payable When Coverage Ceases? (yes or no)	
Policy Loan Amount Outstanding	
Policy Surrender Date (or never)	