

Your Data Gathering Homework



Helping you organize your investments and plan for retirement.

NAME: _____

DATE: _____

ITEMS TO BRING

A good plan starts with good preparation. Gather these materials whether you are updating or creating your personal plan so that your team at the King Financial Group of Wells Fargo Advisors has all the information needed for a thorough understanding of your financial situation and can create a customized plan for you and your family.

- Copies of any existing investment plans
- Current earning documentation (i.e. pays stubs)
- Recent statements from saving and checking accounts
- Recent statements from credit cards, mortgages, loans and lines of credit
- A net worth statement (if you have one)
- Investment account statements, as well as stock, bond and stock options information
- Insurance Policies – original policy document and most current statement for each
 - Life
 - Auto/Home/Renters/Umbrella/Liability
 - Disability Income
 - Medical/Health Care
 - Nursing Home/Home Health Care/Long Term Care
- Employee Benefits – most current statement and informational booklet, including 401(k) plan
- Retirement & Pension Plans – most current statement and informational booklet
- Social Security Benefit – most current statement for each person
- Real Estate Property Titles
- Business or Partnership Agreements
- Wills and Trust Agreements – including original documents and amendments
- Full copies of your most recent state and federal income Tax Returns
- Any other pertinent financial data you may have, such as information regarding a major purchase, debt refinancing, expected inheritance, etc. that you feel could complete the picture of your finances
- Some thoughts about your financial goals in the short and long term

All of the information collected will be held in the strictest confidence and returned to you as soon as possible.

GETTING TO KNOW YOU

Personal Information

	Client 1	Client 2
First Name		
Last Name		
Gender		
Date of Birth (mm/dd/yyyy)		
Social Security Number		
Marital Status		
Number of Dependents		
Employer		
Occupation		

Contact Information

	Client 1	Client 2
Home Phone Number		
Office Phone Number		
Cell Phone Number		
Email Address		
Address		
City		
State		
ZIP Code		

Alternate Contact Information (vacation home, 2nd residence, etc)

Phone Number	
Email Address	
Address	
Dates at this Residence	

Name of Dependent(s)

	Gender	Relationship	Date of Birth

Your Other Professionals

Accountant/CPA

Name: _____

Phone: _____

Email: _____

Estate Planning Attorney

Name: _____

Phone: _____

Email: _____

Insurance Agent (homeowners, auto, etc)

Name: _____

Phone: _____

Email: _____

Insurance Agent (life, health, disability, LTC, etc)

Name: _____

Phone: _____

Email: _____

WHAT'S IMPORTANT TO YOU?

Long-term Goals (8 years and longer)

Goal: _____

Goal: _____

Goal: _____

Medium-term Goals (3 to 8 years)

Goal: _____

Goal: _____

Goal: _____

Short-term Goals (1 to 3 years)

Goal: _____

Goal: _____

Goal: _____

Immediate Goals (Less than 1 year)

Goal: _____

Items Most Important to You:

- | | |
|--|---|
| <input type="checkbox"/> Cash Flow Planning | <input type="checkbox"/> Your Family Security |
| <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Caring for Others |
| <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Estate Planning Personal |
| <input type="checkbox"/> Investment Strategies | <input type="checkbox"/> Estate Planning Business |

SECTION 1 - CASH FLOW PLANNING

Income Summary

Description	Owner	Annual Amount	Applicable Period
Employment Salary		\$	
Employment Salary		\$	
Employment Bonus		\$	
Self-employed Earned		\$	
Tax-Free Income		\$	
Royalty Income		\$	
Alimony		\$	
Child Support		\$	
Rental Income #1		\$	
Rental Income #2		\$	
Other (specify)		\$	
Other (specify)		\$	
TOTAL INCOME		\$	

Explanation/Comments:

Living Expenses

Item	Per Year/Month (specify)	Item	Per Year/Month (specify)
LOANS & LIABILITIES		OTHER LIVING COSTS	
Mortgage/Rent	\$	Childcare	\$
Other Mortgage Loans	\$	Clothing	\$
Personal Loans	\$	School/University Fees	\$
Auto Lease/Auto Loan 1	\$	Allowance	\$
Auto Lease/Auto Loan 2	\$	Personal Care	\$
Credit Cards	\$	Professional Fees (tax, legal)	\$
Other	\$	Entertainment/Restaurants	\$
		Club Membership/Hobbies	\$
HOME, UTILITY, HEALTH		Sports & Fitness	\$
HOA Fees/Dues	\$	Furniture/Appliances	\$
Homeowners Insurance	\$	Books	\$
Water/Sewer/Trash	\$	Pet Care	\$
Electricity	\$	Subscriptions/Newspapers	\$
Gas	\$	Gifts/Donations	\$
Cable TV/Internet	\$	Charity Donations	\$
Home Phone	\$	Holidays	\$
Mobile Phone	\$	Household Help	\$
Groceries	\$	Other	\$
Dining Out	\$		
Maintenance/Repairs	\$	TRANSPORTATION	
Lawn Care	\$	Car Insurance	\$
Medical/Dental Services	\$	Car Fuel	\$
Private Health Insurance	\$	Car Repairs & Maintenance	\$
Pharmacy/Prescriptions	\$	Transport Costs -Bus, parking	\$
Life Insurance	\$	Licensing/tags	\$
Disability Insurance	\$	Other	\$
Long Term Care Insurance	\$		
Other	\$		
TOTAL Expenses	\$		

Savings Summary

Regular - Savings made on a regular basis

Asset Name	Owner	Amount	Frequency
		\$	
		\$	
		\$	
		\$	

Lump Sum - Savings made in one or more lump sums.

Asset Name	Owner	Amount	Date
		\$	
		\$	
		\$	
		\$	

Retirement Accounts

Description of Account (401k, IRA, Roth, etc)	Owner	Amount	Frequency
		\$	
		\$	
		\$	

Other Savings: _____

TOTAL Savings	\$
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Total Income: _____
 Total Expenses: (_____)
 Total Savings: (_____)
Total Discretionary Income: = _____

NET WORTH SUMMARY

Real Assets

Description	Description	Asset Value
Primary Residence		\$
Vacation Home/2 nd Residence		\$
Rental Property #1		\$
Rental Property #2		\$
Business		\$
Business		\$
Personal Property (Furnishings)		\$
Personal Property (Boats, RVs, etc.)		\$
Personal Property (Jewelry)		\$
Vehicle #1		\$
Vehicle #2		\$
Vehicle #3		\$
Other		\$
TOTAL Real Assets		\$

Savings/Investments

Description	Owner	Firm/ Custodian	Market Value
Cash/Checking Accts			\$
Savings/Credit Union			\$
Money Market			\$
Brokerage Acct #1			\$
Brokerage Acct #2			\$
Directly Owned Mutual Funds			\$
Directly Owned Mutual Funds			\$
Stock in Certificates			\$

Stock in Certificates			\$
Annuities			\$
Annuities			\$
Roth IRA			\$
Roth IRA			\$
401k			\$
401k			\$
IRA			\$
IRA			\$
Other Retirement Plan			\$
Other Retirement Plan			\$
Other Savings/Investment Accounts			\$
TOTAL Savings /Investments	\$		

Liabilities

	Current Liability	Interest Rate	Monthly Payment
Primary Residence Mortgage	\$	%	\$
Vacation Home/2 nd Residence Mortgage	\$	%	\$
Rental Property #1 Mortgage	\$	%	\$
Rental Property #2 Mortgage	\$	%	\$
Business	\$	%	\$
Business	\$	%	\$
Vehicle #1	\$	%	\$
Vehicle #2	\$	%	\$
Vehicle #3	\$	%	\$
Line of Credit/Bank Loan	\$	%	\$

Credit Cards	\$	%	\$
Credit Cards	\$	%	\$
Investment Loans	\$	%	\$
Other	\$	%	\$
Other	\$	%	\$
TOTAL Liabilities	\$		

Total Real Assets: _____
 Total Savings & Investments: _____
 Total Liabilities: ()
Total Net Worth: = _____

SECTION 2 - TAX PLANNING

Capital Loss Carryovers

	Client 1	Client 2
Short-Term Capital Loss Carryovers	\$	\$
Long-Term Capital Loss Carryovers	\$	\$

Retirement Plan Data

Pre-retirement

	Annual Income	Average Tax Rate	Marginal Tax Rate
Client 1	\$	%	%
Client 2	\$	%	%
Dependant	\$	%	%

Retirement (if different than pre-retirement)

	Annual Income	Average Tax Rate	Marginal Tax Rate
Client 1	\$	%	%
Client 2	\$	%	%
Dependant	\$	%	%

Describe any elevated tax planning strategies currently in place or being considered (i.e. charitable giving, qualified or non-qualified retirement plan contributions, captive insurance strategy, etc.)

SECTION 3 - RETIREMENT PLANNING

Milestones

	Client 1	Client 2
Retirement Date (age / year)		
Life Expectancy (age / year)		

Retirement Income

Desired Income (after tax): \$	Indexed to Inflation? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Social Security Benefits

Owner	Full Retirement Age (i.e. 66)	FRA Estimated Monthly Benefit	Preferred Benefit Collection Age (i.e. 62? 66? 70?)	Preferred Estimated Monthly Benefit (if diff than FRA)
Client 1		\$		\$
Client 2		\$		\$

If Social Security Benefits are unknown, please provide the following to pull your most recent benefit statement:

Owner	Place of Birth	Mother's Maiden Name
Client 1		
Client 2		

Defined Benefit Plans (Attach pension statements/pension plan details).

	PENSION 1	PENSION 2
Owner		
Description		
Monthly Amount	\$	\$
Indexed with Inflation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benefits Begin (age, date, at retirement, disabled)		
Percent Payable to Survivor	%	%
Lump Sum Available? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$

	PENSION 3	PENSION 4
Owner		
Description		
Monthly Amount	\$	\$
Indexed with Inflation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benefits Begin (age, date, at retirement, disabled)		
Percent Payable to Survivor	%	%
Lump Sum Available? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$

SECTION 4 - INVESTMENT STRATEGIES

Risk Tolerance Assessment

This questionnaire has been designed to help you understand the type of investor you are, so that with your help, we can choose the investments that best match your financial objectives and personality.

1. Which of the following best describes your current stage of life? Points

Single with few financial commitments. You are keen to accumulate wealth for the future. Some funds must be kept available for enjoyment such as cars, clothes, travel and entertainment. 50

A couple without children. You may be preparing for the future by establishing and furnishing a home. There are a lot of things you need to buy. You are probably better off financially now than you may be in the future. 40

Young family. This is the peak home purchasing stage. You have a mortgage and a very small amount of savings. Probably dissatisfied with your financial position and the amount of money saved. 30

Mature family. You are in your peak earning years and have got the mortgage under control. Many partners also work and any children are growing up and have either left home or require less supervision. You are starting to think about retirement, although it may be many years away. 20

Preparing for retirement. You probably own your own home and have few financial commitments; however, you want to ensure that you can afford a comfortable retirement. Interested in travel, recreation and self-education. 20

Retired. No longer working you must rely on existing funds and investments to maintain your lifestyle. You may be receiving the pension and are keen to enjoy life and maintain your health. 10

2. What return do you reasonably expect to achieve from your investments?

A return without losing any capital. 10

3 – 7% per annum. 20

8 – 12% per annum. 30

13-15% per annum. 40

Over 15% per annum. 50

3. If you didn't need your capital for more than 10 years, for how long would you be prepared to see your investment performing poorly before you cashed it in?

You would cash it in if there were any loss in value.	0
Less than 1 year.	10
Up to 3 years.	20
Up to 5 years.	30
Up to 7 years.	40
Up to 10 years.	50

4. How familiar are you with investment markets?

Very little understanding or interest.	10
Not very familiar.	20
Have had enough experience to understand the importance of diversification.	30
Understand that markets may fluctuate and that different market sectors offer different income, growth and taxation characteristics.	40
Experienced with all investment sectors and understand the various factors which may influence performance.	50

5. If you can only get greater tax efficiency from more volatile investments, which balance would you be most comfortable with?

Preferably guaranteed returns, before tax savings.	10
Stable, reliable returns, minimal tax savings.	20
Some variability in returns, some tax savings.	30
Moderate variability in returns, reasonable tax savings.	40
Unstable, but potentially higher returns, maximising tax savings.	50

6. Six months after placing your investment you discover that your portfolio has decreased in value by 20%, what would be your reaction?

Horror. Security of capital is critical and you did not intend to take risks.	10
You would cut your losses and transfer your money into more secure investment sectors.	20
You would be concerned, but would wait to see if the investments improve.	30
This was a calculated risk and you would leave the investments in place, expecting performance to improve.	40
You would invest more funds to lower your average investment price, expecting future growth.	50

7. Which of the following best describes your purpose for investing?

You want to invest for longer than 5 years, probably to the age of 55 – 60. You are mainly investing for growth to accumulate long-term wealth.	50
You are not nearing retirement, have surplus funds to invest and you are aiming to accumulate long term wealth from a balanced fund.	40
You have a lump sum, e.g. an inheritance or an eligible termination payment from your employer, and you are uncertain about what secure investment alternatives are available.	30
You are nearing retirement and you are investing to ensure that you have sufficient funds available to enjoy retirement.	20
You have some specific objectives within the next 5 years for which you want to save enough money.	20
You want a regular income and / or totally protect the value of your savings.	10

Client 1 Investor Profile Total Points

Client 2 Investor Profile Total Points

This form is not intended to substitute for firm records. It is a tool for you and your Financial Advisor to assist in planning for your investment goals and risk tolerance. If a change to your stated objectives/tolerance for risk or other information is required, please contact your financial advisor to update your official client profile that is part of your account records.

Investor Risk Profile Summary

0 – 50 Defensive

You are a conservative investor. Risk must be very low and you are prepared to accept lower returns to protect capital. The negative effects of tax and inflation will not concern you, provided that your initial investment is protected.

51 – 130 Moderate

You are a cautious investor seeking better than basic returns, but risk must be low. Typically, an older investor seeking to protect the wealth that you have accumulated, you may be prepared to consider less aggressive growth investments.

131 – 210 Balanced

You are a prudent investor who wants a balanced portfolio to work towards medium to long-term financial goals. You require an investment strategy that will cope with the effects of tax and inflation. Calculated risks will be acceptable to you to achieve good returns.

211 – 300 Growth

You are an assertive investor, probably earning sufficient income to invest most funds for capital growth. Prepared to accept higher volatility and moderate risks, your primary concern is to accumulate assets over the medium to long term. You require a balanced portfolio, but more aggressive investments may be included.

301 – 350 High Growth

You are an aggressive investor prepared to compromise portfolio balance to pursue potentially greater long-term returns. Your investment choices are diverse, but carry with them a higher level of risk. Security of capital is secondary to the potential for wealth accumulation.

Investment Overview

	CLIENT 1	CLIENT 2
Investor Profile		
Investment Experience (in years)		
Investment Knowledge (1= Novice, 10= Expert)		

Philosophy Regarding Money

Client 1: _____

Client 2: _____

Unique Investment Assets (Not included in Retirement Section 1 and Net Worth)

Description	Owner	Market Value	Special Note:
		\$	
		\$	
		\$	
		\$	

SECTION 5 - YOUR FAMILY SECURITY

Existing Life Insurance Policies

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
Type (e.g. whole life, variable, term)				
Policy Name				
Premium Payer				
Insured (Client 1, Client 2, joint to die)				
Company Name				
Policy Date				
Beneficiary (Client 1, Client 2, other)				
Death Benefit	\$	\$	\$	\$
Cash Surrender Value	\$	\$	\$	\$
Premiums	\$	\$	\$	\$

Existing Disability Insurance Policies

Insured	Type (Group/Ind)	Policy Date	Monthly Benefit	Taxable	Waiting Period	Coverage Applies Until Age	Premium
			\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			\$
			\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			\$
			\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			\$

Existing Critical Illness Insurance Policies (i.e. Aflac)

Insured	Type (Cancer, Aflac, etc)	Policy Date	Lump Sum Benefit	Taxable	Monthly Premium
			\$	%	\$
			\$	%	\$
			\$	%	\$

Existing Long-Term Care Policies

Insured	Insurance Company	Daily Benefit	Indexed by Inflation?	Benefit Years	Waiting Period	Annual Premium
Client 1		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Client 2		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>			

A. Other Insurance – please provide declaration page for each

- Auto Insurance
- Principal Residence & Property Insurance
- Secondary Residence/Cottage/Summer Home & Property Insurance
- Umbrella Policy
- Mortgage Insurance
- Travel Insurance
- Other: (specify) _____

SECTION 6 - CARING FOR OTHERS

Education

Description <i>(e.g. John's college tuition)</i>	Yearly Costs (Today's Dollars)	Education Index Rate	Education Start Age	Number Of Years
	\$	%		
	\$	%		
	\$	%		
	\$	%		

Current Education Savings Plans

Owner	Beneficiary	Plan Type (529, UTMA, ESA)	Value	Annual Savings
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Maximum Additional Monthly Savings you would consider for **all** education goals. \$ _____

Other Educational Savings (Scholarships, Bursaries, Funding from other family members – i.e. grandparents)

Special Needs (children, family members, caring for elderly parents, etc)

SECTION 7 - ESTATE PLANNING - PERSONAL

Basic Estate Information

	CLIENT 1	CLIENT 2
Is there a will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What date was the will last updated on?		
Where is the will located?		
Power of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who is the Executor of the Will?		
Other		

Is there a Revocable Family Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the name of the trust?	
What is the date of the trust?	
Who are the trustees?	
What date was the trust last updated?	
Where is the trust located?	
Who are the Successor trustees?	
Who are the Beneficiaries of the trust?	

Describe any special instructions:

Funded Trusts

CST Information (Funded Trusts) - Include basic information regarding Credit Shelter Trusts created as the result of a former spouse's death.

Trust Name	
Trust Date	
Trustee(s)	
Successor Trustee(s) (if applicable)	
Beneficiaries	
Market Value	\$
Cost Basis	\$

QPRT Information - Include basic information regarding a Qualified Personal Residence Trust currently in place

Trust Name	
Trust Date	
Trustee(s)	
Successor Trustee(s) (if applicable)	
Beneficiaries	
Market Value	\$
Cost Basis	\$
Address of property held in trust	
Value of property transferred	\$
Term of trust	

QTIP Information - Include basic information regarding any Qualified Terminable Interest Property Trusts established.

	Trust 1	Trust 2	Trust 3
Trust Name			
Trust Date			
Trustee(s)			
Successor Trustee(s) (if applicable)			
Beneficiaries			
Market Value	\$	\$	\$
Cost Basis	\$	\$	\$

ILIT Information - Include basic information regarding any Irrevocable Life Insurance Trusts established.

	Trust 1	Trust 2	Trust 3
Trust Name			
Trust Date			
Trustee(s)			
Successor Trustee(s) (if applicable)			
Beneficiaries			
Market Value	\$	\$	\$
Cost Basis	\$	\$	\$
Insured(s)			
Premium Payer			
Death Benefit	\$	\$	\$
Current CSV	\$	\$	\$

ESTATE PLANNING – BUSINESS

Business Information

Name of Business	
Type of Business Structure (Incorporation, Sole Proprietorship, Partnership)	
Your Share Ownership	%
Your Market Value Ownership	\$
Is it a Family Business?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who are the other family owners? _____ _____ _____
Gross Sales	Last Year: \$ _____ This Year: \$ _____ Next Year (est): \$ _____
Net Taxable Income/Profit	\$
Key Man Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy-Sell Agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Succession Planning in Place	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe below _____ _____ _____ _____ _____

