



**Purpose:** This questionnaire is designed to gather pertinent information needed to recommend a financial plan that meets your needs and goals. Our company believes that long-term success is dependent not only on the development and implementation of the plan, but also on continual monitoring and revision as changes in your circumstances occur.

**Documents Required:** In addition to completing the relevant sections of the questionnaire, please send copies of the following documents if available. If you do not have all of this information at your fingertips, please send us what you have as soon as possible. If we need anything missing information to complete your work we will let you know.

- Most recent Federal and State Tax Returns
- Past two most recent check stubs
- Investment account statements (Brokerage, IRA, 401(k), 403(b) Education Funds, etc.)
- Other – if available:
  - Budget or Spending Plan
  - Social Security Statements
  - Mortgage Statements
  - Life Insurance Policy Summaries
  - Employee Benefit and Pension Information

**Sending LPG Your Information:** You can mail the documents to us along with your completed questionnaire or feel free to email or fax them to us.

**Remember...** The extent to which the process is successful depends largely on your commitment to it. In the early stages, we will request information from you about your financial position and objectives. Although we have attempted to streamline this process, it will require time and effort on your part. As the information you submit will form the foundation of your plan, it is essential that it be current, accurate and complete.

This data gathering form is divided into sections. The information you furnish will be held in strict confidence.

# DATA GATHERING FORM

Today's Date: \_\_\_\_\_ How were you referred to Legacy Planning Group? \_\_\_\_\_

## Personal Information

**CLIENT NAME:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Soc. Sec. No.: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Wedding Anniversary: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Issue Date: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

**SPOUSE NAME:** \_\_\_\_\_  
Soc. Sec. No.: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Issue Date: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

## Areas of Financial Concern

- |  |   |
|--|---|
| <input type="checkbox"/> Cash Flow & Budgeting | <input type="checkbox"/> Estate Planning  |
| <input type="checkbox"/> College Planning      | <input type="checkbox"/> Insurance Review |
| <input type="checkbox"/> Investment Advice     | <input type="checkbox"/> Life Transition  |
| <input type="checkbox"/> Tax Planning          | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Retirement Planning   |   |

## Professional Relationships

Attorney: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Do you consider your relationship with this professional "**close**" or "**distant**?"  
(Circle one)  
Would you like to retain this professional?  
**Retain** or **Doesn't Matter** (Circle one)

Insurance  
Agent: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Do you consider your relationship with this professional "**close**" or "**distant**?"  
(Circle one)  
Would you like to retain this professional?  
**Retain** or **Doesn't Matter** (Circle one)

Tax  
Preparer: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Do you consider your relationship with this professional "**close**" or "**distant**?"  
(Circle one)  
Would you like to retain this professional?  
**Retain** or **Doesn't Matter** (Circle one)

Investment  
Advisor: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Do you consider your relationship with this professional "**close**" or "**distant**?"  
(Circle one)  
Would you like to retain this professional?  
**Retain** or **Doesn't Matter** (Circle one)

**Dependents**

Please list Children and other dependents

| <b><u>Name</u></b> | <b><u>Gender</u></b>                                   | <b><u>DOB</u></b> | <b><u>Dependent</u></b>                                |
|--------------------|--|-------------------|--|
|                    | <input type="checkbox"/> M/ <input type="checkbox"/> F |                   | <input type="checkbox"/> Y/ <input type="checkbox"/> N |
|                    | <input type="checkbox"/> M/ <input type="checkbox"/> F |                   | <input type="checkbox"/> Y/ <input type="checkbox"/> N |
|                    | <input type="checkbox"/> M/ <input type="checkbox"/> F |                   | <input type="checkbox"/> Y/ <input type="checkbox"/> N |
|                    | <input type="checkbox"/> M/ <input type="checkbox"/> F |                   | <input type="checkbox"/> Y/ <input type="checkbox"/> N |
|                    | <input type="checkbox"/> M/ <input type="checkbox"/> F |                   | <input type="checkbox"/> Y/ <input type="checkbox"/> N |
|                    | <input type="checkbox"/> M/ <input type="checkbox"/> F |                   | <input type="checkbox"/> Y/ <input type="checkbox"/> N |

**Additional Information**

Do you or any family members have any special medical needs or other situations that would impact your finances? \_\_\_\_\_

Were you or your spouse married before? \_\_\_\_\_

Were there any children born of these prior marriage(s)? Provide details. \_\_\_\_\_

Have you and your spouse entered into a prenuptial agreement? \_\_\_\_\_

Is anyone dependent on you for support other than children listed? \_\_\_\_\_

**Investments and Income Information**

How active do you want to be in managing your investments? \_\_\_\_\_

Investment Risk Tolerance:

- |  |   |
|--|---|
| <input type="checkbox"/> Low             | <input type="checkbox"/> Moderate-to-High |
| <input type="checkbox"/> Low-to-Moderate | <input type="checkbox"/> High             |
| <input type="checkbox"/> Moderate        |   |

Describe your retirement plan(s) at work: \_\_\_\_\_

Describe your past approach to investments:

- Do-It-Yourselfer*** – You find great satisfaction and comfort in being involved in the day-to-day management of all your financial affairs and concerns.
- Collaborator*** – Either 1) you want to do the majority of the financial analysis yourself, and then have an advisor confirm your own research, or 2) you want an advisor to do the majority of the financial analysis and you personally confirm the advisor’s research.
- Delegator*** – You search for an expert worthy of trust because you feel that you do not have the time, desire and/or aptitude to manage investments yourself.

**Estate Planning Information**

|  | <u>CLIENT</u><br><u>When drafted?</u> | <u>CO-CLIENT</u><br><u>When drafted?</u> |
|--|---------------------------------------|--|
| Will   | _____                                 | _____                                    |
| Revocable Trust                              | _____                                 | _____                                    |
| Durable Power of Attorney                    | _____                                 | _____                                    |
| Living Will                                  | _____                                 | _____                                    |
| Durable Power of Attorney<br>for Health Care | _____                                 | _____                                    |

Who will be the guardians of your children if both parents are deceased?

|            | <u>Primary</u> | <u>Alternates</u> |
|------------|----------------|-------------------|
| Client:    | _____          | _____             |
| Co-Client: | _____          | _____             |

Special will provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect to benefit any charities upon your death?  
\_\_\_\_\_  
\_\_\_\_\_

Attachment:  
Net Worth Statement

**Net Worth Statement**

**In lieu of completing this section, you may provide copies of your most recent statements from each financial institution. If statements are not available for a particular investment please enter the data below.**

**ASSETS**

**LIQUID ASSETS (Cash or Cash Equivalents)**

|                           |       |
|---------------------------|-------|
| Checking                  | _____ |
| Checking                  | _____ |
| Savings                   | _____ |
| Savings                   | _____ |
| U. S. Savings Bonds       | _____ |
| Life Insurance Cash Value | _____ |
| _____                     | _____ |
| _____                     | _____ |

Total Liquid Assets \_\_\_\_\_

**INVESTED ASSETS (Non-retirement Stocks, Bonds, Mutual Funds)**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total Liquid Assets \_\_\_\_\_

**TAX-DEFERRED ASSETS (Retirement Assets)**

|                    |       |
|--------------------|-------|
| 401 (k)            | _____ |
| 401 (k)            | _____ |
| 403(b) TSA         | _____ |
| 403(b) TSA         | _____ |
| IRA                | _____ |
| IRA                | _____ |
| IRA                | _____ |
| IRA                | _____ |
| Annuity Co.: _____ | _____ |
| Annuity Co.: _____ | _____ |

Total Tax-Deferred Assets \_\_\_\_\_

**PERSONAL USE ASSETS**

|   |       |
|---|-------|
| Principal Residence (Market Value)                    | _____ |
| Automobile: Year/Model:                               | _____ |
| Automobile: Year/Model:                               | _____ |
| Furniture, Personal Possessions,<br>Jewelry, Antiques | _____ |
| _____   | _____ |

Total Personal Assets \_\_\_\_\_

**TOTAL ASSETS** \_\_\_\_\_

**Please complete Liabilities on the next page**

**Net Worth Statement Continued**

**LIABILITIES AND NET WORTH**

**LIABILITIES**

Mortgage - Principal Residence (Remaining balance) \_\_\_\_\_  
Home Equity Loan (Current balance) \_\_\_\_\_  
Mortgage - Second Home (Remaining balance) \_\_\_\_\_  
Auto Loan (Approximate current balance) \_\_\_\_\_  
Auto Loan (Approximate current balance) \_\_\_\_\_  
Boat Loan (Approximate current balance) \_\_\_\_\_  
Student Loan (Approximate current balance) \_\_\_\_\_  
Student Loan (Approximate current balance) \_\_\_\_\_  
Personal Loan (Approximate current balance) \_\_\_\_\_  
Personal Loan (Approximate current balance) \_\_\_\_\_  
Credit Card Balance (if not paid in full monthly) \_\_\_\_\_  
Credit Card Balance (if not paid in full monthly) \_\_\_\_\_  
  
Total Liabilities \_\_\_\_\_

**NET WORTH (Total Assets - Total Liabilities)** \_\_\_\_\_

**For Office Use Only**

Is this client, or does this client represent any of the following?

No       Private Bank       Foreign Bank       US Central Bank       Senior Foreign Official  
Name: \_\_\_\_\_ Office Name: \_\_\_\_\_ Office Country: \_\_\_\_\_

Is this client an affiliate or related to an affiliate of the parent company of this BD?  Yes  No

If Yes, Affiliation Type:  Registered Rep of BD  Employee of BD  Related to Affiliate  Other Affiliation

Does this client have any affiliation with the securities industry?  Yes  No

Is this client employed by a member firm of a stock exchange or other securities broker or dealer?  Yes  No

If Yes, Institution Name: \_\_\_\_\_ Prior consent obtained?  Yes  No

Is this client related to an affiliate or employee of another broker-dealer?  Yes  No

Is this client a director, senior officer, or controlling person of a publicly traded company?  Yes  No

If Yes, Company Name: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ Federal Tax Bracket:  29% - 33%

Liquid Assets: \$ \_\_\_\_\_  0% - 15%       34% - 39%

Net Worth: \$ \_\_\_\_\_  16% - 28%       Over 40%

Prior Investment Experience?  Yes  No If Yes, Indicate number of years for applicable categories:

Annuities \_\_\_\_\_ Bonds \_\_\_\_\_ Managed Accounts \_\_\_\_\_ Mutual Funds \_\_\_\_\_ Options \_\_\_\_\_ Stocks \_\_\_\_\_