



## Data Gathering Checklist

CLIENT INFORMATION		
	CLIENT	CO-CLIENT
Client Name(s):		
Date of Birth:		
Address:		
Home Phone:		
Mobile Phone:		
Preferred Email:		
Preferred Method of Contact:		
Occupation:		
Employer:		
Employer Address:		
Work Phone:		

Children: (names and dates of birth)	
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CASH FLOW – Please include data in the sections applicable to your situation:		
	CLIENT	CO-CLIENT
Base Salary:		
Commission/Bonus:		
# paychecks per year:		
Self-Employment Income		
Pension/Annuities:		
Social Security Income:		
Other Income:		

**ADDITIONAL INFORMATION – Please provide answers to the following questions:**

- Does your employer provide a match for your retirement savings? If so, how much?
- Will you have an employer funded pension at retirement? If so, please provide your benefit statements. What is your projected benefit?
- Do you expect any significant changes in your income in the next few years? If so, please describe the nature of those changes below.
- In your opinion, does it feel like you have a surplus or deficit each month?
- What is your ideal retirement age?
- Which accounts are you currently contributing to? What is the amount and frequency?