PATHWAY
FINANCIAL ADVISORS, LLC

Initial Data Gathering Workbook

Client Name: _____

Date returned from client: _____ / _____ / _____

Overview

This worksheet is designed to help you gather the required information for your customized financial plan. The questionnaire's easy-to-follow format will allow you to enter your required personal data and financial details. These items are necessary for you to create a complete and thorough picture of your *current* and *future* financial situation. IT IS IMPERATIVE THAT YOU COMPLETE THIS WORKSHEET WITH THE UTMOST CARE. INACCURATE OR INCOMPLETE DATA WILL IMPAIR THE PLANNING PROCESS.

The following sources will provide you with most of this information:

- Latest investment statements from trust companies, brokers, investment companies and banks
- Latest mortgage and other loan statements
- Budget of personal and living expenses
- All life, disability, long-term care insurance policies
- Pension statement from employer
- Tax returns (Form 1040)
- Latest will, power of attorney
- Other relevant documentation

NOTE: IF YOU ARE UNSURE OF HOW TO ANSWER A PARTICULAR ITEM, PLEASE MARK THE ITEM WITH "**?**". IF AN ITEM DOES NOT APPLY TO YOU, PLEASE MARK THE ITEM WITH "N/A". DO NOT LEAVE ANY ITEMS BLANK.

REMEMBER, IT IS ABSOLUTELY IMPERATIVE THAT YOUR DATA SUBMISSION BE BOTH ACCURATE AND COMPLETE. MISSING OR INCORRECT DATA WILL NEGATIVELY IMPACT THE PLANNING PROCESS.

Client Information

Base Family

	Client	*(co-client if different)*
First & Last Name:		
Marital Status *(e.g., married, divorced, single)*:	(if married, provide date of marriage)	
Number of Dependents:		
Address:		
City:		
State:		
Country:		
Zip Code:		
Home Phone Number:		

Basic

	Client 1	Client 2
Gender:		
Date of Birth *(month/year only)*:		
Citizenship		
Occupation		
Fax # *(co-client if different)*:		
Business # *(co-client if different)*:		
E-mail:		

Name of Child or Other Dependent	Relationship To Dependent	Dependent's Date of Birth

***** If any dependents have special needs, please add details below. If you anticipate having additional children or otherwise adding dependents, please indicate below.***

Other Family Information – this section is intended to help us understand if your parents or other family members may have a financial impact on your base family.

	Client 1	Client 2
Father's Name		
Current Age (if deceased, indicate approximate date of death and age at death)		
Mother's Name		
Current Age (if deceased, indicate approximate date of death and age at death)		
If living, do your parents have living wills and durable health care powers of attorney?		
If living, do your parents have written wills that you or someone in your family knows where they are located.		
If living, do you expect your parents to require your financial support in their lifetimes?		
If living, do you have any expectation that your parents will gift assets to you or your beneficiaries either during their future lives or at their deaths?		

Will Information

	Client	Co-client
Is there a Will? *(yes or no)*:		
What date was the Will last updated on?:		
Where is the Will located? *(safety deposit box, etc.):*		

Assumptions

Milestones

	Client	Co-client
Do you have a health condition that might decrease your actuarial life expectancy?		
Planned Retirement Date *(age or date) (mm /yy)*:		
Life Expectancy *(age or year)*:		

Assets

House & Mortgage

(Non-income producing property only - income producing property is entered under Real Estate.)

House

Description	Purchase Amount	Ownership *(client, co-client, joint, community property)*	Purchase Date	Market Value	Growth Rate

Mortgage *(Non-income producing property only - income producing property is entered under Real Estate. In lieu of completing this table, please provide current mortgage statements).*

	Mortgage 1	Mortgage 2	Mortgage 3
Description *(e.g., first mortgage on 123 Main St.):*			
Original Principal:			
Ownership *(client, co-client, joint):*			
Start Date:			
Interest Rate:			
Amortization *(years):*			
Payment Frequency *(e.g., weekly, monthly):*			
Outstanding Principal Amount *(if available):*			
Outstanding Principal Date *(relates to above):*			
Insured *(life on mortgage. both or none):*			
Insured *(disability on mortgage. both or none):*			

Investment Real Estate

(Income producing property - use a separate sheet to enter additional information.)

	Real Estate 1	Real Estate 2	Real Estate 3
Name *(identify property):*			
Ownership *(client, co-client, joint, community property):*			
Purchase Date:			
Purchase Amount:			
Market Value:			
Cost Basis:			
Property Growth Rate:			
Rental Income *(monthly amount):*			
Rental Expenses *(monthly amount):*			
Annual Rental Growth Rate *(amount or percent):*			

Additional Notes *(Use this section to enter any Real Estate information that you feel would be relevant to your financial plan.)*

Non-Qualified (non-retirement accounts e.g. savings, brokerage, CDs, stocks & bonds, annuities) *(Use a separate sheet to enter additional assets. Many clients do not have expected return information. If you do not, please enter "?" in the Rate of Return fields.)*

In lieu of entering this information, please insert copies of account statements in this section.

Name *(identify investment)*	**Ownership** *(client, co-client, joint, community property)*

Qualified (retirement accounts e.g. 401(k), IRA, SEP) *(Use a separate sheet to enter additional assets.)*

In lieu of entering this information, please insert copies of account statements in this section.

Name *(identify investment)*	**Ownership** *(client, co-client)*	**Type** *(e.g., IRA, 401k, other)*

Collectables **(collectables, antiques, other personal property worth over $10,000).** *(Use a separate sheet to enter additional assets.)*

	Asset 1	**Asset 2**	**Asset 3**	**Asset 4**
Name:				
Ownership *(client, co-client, joint, community property):*				
Type *(personal use property, collectibles, residence):*				
Purchase Date:				
Purchase Amount:				
Market Value:				

Incomes

Standard

Description	Member (client, co-client)	Amount (annual)
Employment Salary:	Client 1	
Employment Salary:	Client 2	
Employment Bonus:		
Taxable Benefits:		
Net Self-employed earned:		
Net Self-employed commission:		
Professional Fees:		
Tax-Free Income:		
Royalty Income Received:		
Alimony Payments Received:		
Inheritance / Trust Fund/ Gift	Client 1	
Inheritance / Trust Fund/ Gift	Client 2	
Date of Hire – current employer	Client 1	
Date of Hire – current employer	Client 2	

Expenses

Standard *(If you share your common lifestyle expenses, just enter the total for one person.)*

Periodic *(Expenses may be combined or broken down into sub-categories. "Index Rate" refers to your expected inflation rate for the expense.)*

Description	Member (client or co-client)	Percent Deductible (if applicable)	Amount and Frequency (monthly, annual)
Housing			
Food			
Transportation			
Entertainment			
Personal – Client1			
Personal – Client2			
Real Estate & Property Taxes			
Other			
Other			
Other			

Lump Sum / Large Purchases (one-time) *(examples are special vacation, wedding, gifts, vacation home)*

Expense Description	Member *(Client or Co-Client)*	Percent Deductible *(if applicable)*	Amount	Date Effective

Education *(Education expenses can be for any family member)*

Member *(For whom the expense is incurred)*	Type *(e.g., Tuition fees, room and board)*	Description *(e.g., Billy's College Fund)*	Amount and Frequency	Index Rate	Start Age *(When student begins education)*	Years *(Number of years expense will be incurred)*	Linked Assets *(Asset(s) used to fund this expense)*

Family Cash Flow Management

Does the family use a formal budgeting process? If so, please describe (annual, monthly, weekly, who administers, how long budgeting?)

How complete are the expenses as listed in this expense section (circle one)?

Very Complete **Complete** **I Don't Track Expenses So Estimates Used**

Who in the family is responsible for the family bookkeeping?

Liabilities

LOANS / DEBT *(Use a separate sheet to enter additional loans. Do not enter Mortgages under this section. Use the Mortgage section.)*

In Lieu of enter debt data in the below table, insert loan/bank statements in this section.

	Liability 1	Liability 2	Liability 3	Liability 4	Liability 5
Description:					
Owner *(client, co-client, joint):*					
Life Insured *(yes / no):*					
Disability Insured *(yes / no):*					
Amortization Period *(or end date):*					
Start Date:					
Principal Amount:					
Principal Date *(as of):*					
Payment Type *(e.g., interest only, PI):*					
Payment Frequency *(e.g., weekly, monthly):*					
Interest Rate:					

Other Questions

Please Circle Appropriate Answer (Yes or No). If a couple is completing this, answer for either party.

Do you own any life insurance policies? If yes, please provide current statements.	YES	NO
Do you own any disability policies? If yes, please provide current statements.	YES	NO
Do you own any recreational vehicles (ATVs, boats, RVs, etc)	YES	NO
Have you ever given more than $10,000 in any one year to another person?	YES	NO
Do you have employer stock options?	YES	NO
Do you have any unused charitable deductions from prior years?	YES	NO
Have you ever been audited by the IRS?	YES	NO
Have you read your credit report in the last 3 years?	YES	NO
Do you own a dog? If so, what breed?	YES	NO
Are you the current beneficiary under any trusts, wills, estates, etc	YES	NO
Do you have any on-going medical conditions that impact your finances or life expectancy?	YES	NO
Do you plan to leave any of your assets to people/entities other than your family members at your death?	YES	NO
Do you expect any significant changes in your employment or income earning situation in the next 10 years?	YES	NO
Are you a co-signer on another person's debt?	YES	NO
Do you have a high-speed Internet connection in your home?	YES	NO
Do you sit on the Board of Directors or are you an officer of any organizations (for profit or charitable)?	YES	NO
If you are married, do you have a pre-marital or post-marital agreement?	YES	NO
Are all family members US Citizens with US passports? If not, please provide details	YES	NO
Are you are party to or have you ever been a party to a lawsuit? If yes, provide details	YES	NO
Do you have a safe deposit box? If yes, provide details	YES	NO

Required Documents

The following documents should be available for review at the initial planning meeting. Other documents may be requested by the planner throughout the planning process. Please indicate which documents you are submitting.

Document	Enclosed	Available, but not enclosed	Not Available/ Not Applicable
Income tax return for most recent tax year			
Income tax return for prior two years			
Employee benefit documentation for health coverage, group life and disability insurance, and other non-retirement benefits offered by your employer			
Employee retirement plan documentation, including account statements and list of investments available within the plan and information on employee stock purchase plans or restricted stock awards			
Most recent pay stub(s)			
Social security earnings statement(s) or statement(s) of benefits			
If self-employed, most recent business financial statements			
Declarations pages from your property and liability insurance (homeowner's, auto, liability umbrella, boat, etc.)			
Current will			
Other estate planning documents (Powers of attorney, health care proxy, trust documents, etc.)			
Recent statements from all investment and banking accounts, including individual retirement accounts and education savings or investment accounts			
Property tax bill(s) and/or Ad Valorem tax bill(s)			
Purchase/sale agreements for any pending or recently closed business or property sales			
Individual life insurance illustrations & insurance policy ownership/beneficiary information			
Documentation from Long Term Care insurance policies			
Recent statements for all liabilities (mortgage, home equity loans, auto loan, student loans, credit cards)			
Report of expenses for last 12 months, if available (e.g. report from Microsoft Money, Quicken, etc.)			