

SFMG Data Gathering Form

Financial Goals (check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Travel | <input type="checkbox"/> Education |
| <input type="checkbox"/> Home Purchase/Major Purchase | <input type="checkbox"/> Charitable Gifts | <input type="checkbox"/> Other: _____ |

	Client A	Client B	
Name			
Date of Birth			
Target Retirement Age			
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Currently Employed	
Are you receiving Employer Match Contributions? <small>Check the boxes that apply.</small>	<input type="checkbox"/> Retirement Account <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Other	<input type="checkbox"/> Retirement Account <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Other	
Are you receiving Employer Provided Health Benefits? <small>Check the boxes that apply.</small>	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Disability Insurance <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Disability Insurance <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other	
Do you have Estate Planning documents?	<input type="checkbox"/> Yes - Date of Documents: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes - Date of Documents: _____ <input type="checkbox"/> No	
Income			
Salary <small>W2 or 1099</small>	Source:	Source:	
	Annual Value:	Annual Value:	
Bonus <small>Quarterly/Annual Bonus or Stock Incentives</small>	Source:	Source:	
	Annual Value:	Annual Value:	
Pension Income <small>TRS, Company Pension</small>	Source:	Source:	
	Annual Value:	Annual Value:	
Social Security (before deductions)	<input type="checkbox"/> Currently Receiving: \$ _____/month <input type="checkbox"/> Not Currently Receiving	<input type="checkbox"/> Currently Receiving: \$ _____/month <input type="checkbox"/> Not Currently Receiving	
Other Income <small>Rental Income, Royalties, K-1</small>	Source:	Source:	
	Annual Value:	Annual Value:	
Other Income	Source:	Source:	
	Annual Value:	Annual Value:	
Expenses			
Living Expenses: \$ _____/month excluding liabilities <small>Utilities, Rent, Insurance Premiums, Entertainment, Food, Clothing, Fuel, Home and Auto Maintenance, etc.</small>			
Property Taxes: \$ _____/year Charitable Gifts: \$ _____/year Medical Costs: \$ _____/year			
Mortgage	Outstanding Balance:	Interest Rate:	Term:
	Payment (Principal & Interest): \$ _____/month	_____ %	Start Year:
Auto Loan	Outstanding Balance:	Interest Rate:	Term:
	Payment (Principal & Interest): \$ _____/month	_____ %	Start Year:
Other	Outstanding Balance:	Interest Rate:	Term:
	Payment (Principal & Interest): \$ _____/month	_____ %	Start Year:
Other	Outstanding Balance:	Interest Rate:	Term:
	Payment (Principal & Interest): \$ _____/month	_____ %	Start Year:

Cash Assets (Checking, Savings, Money Market, CDs, etc.)

Description	Value	Owner	Annual Additions
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	

Investment and Retirement Assets (Brokerage, Annuities, 401k, IRA, Roth IRA, etc.)

Description	Value	Owner	Annual Additions
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	

Other Investment Accounts (Health Savings Account, 529 Accounts, etc.)

Description	Value	Owner	Annual Additions
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	

Real Estate and Personal Property Assets (House, Cars, Jewelry, etc.)

Description	Value	Owner	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	

Business Assets

Description	Value	Owner	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Joint <input type="checkbox"/> Other	

Please provide the following documents to SFMG:

- Investment Account Statements
- Retirement Account Statements
- Social Security Statement (www.ssa.gov)
- Employer Benefits Summary
- Life Insurance Statement
- Pay Stubs (2 most recent)
- Tax Returns (2 most recent)
- Estate Planning Documents (Wills, Powers of Attorney, Trusts, etc.)

Any additional goals or information you would like us to know?



SFMG Data Gathering Form – Detail Supplement

Detailed Living Expense Worksheet			
DEBT SERVICING		Amount Per (MO/YR)	
Mortgage (excluding insurance and property taxes)		Per	Choose an item.
Auto Loans or Lease		Per	Choose an item.
Other: _____		Per	Choose an item.
INSURANCE		Amount Per (MO/YR)	
Homeowner's		Per	Choose an item.
Auto		Per	Choose an item.
Umbrella		Per	Choose an item.
Health/Medicare		Per	Choose an item.
Life Insurance		Per	Choose an item.
Disability		Per	Choose an item.
Long-Term Care		Per	Choose an item.
Other: _____		Per	Choose an item.
GENERAL LIVING EXPENSES		Amount Per (MO/YR)	
Electric		Per	Choose an item.
Water		Per	Choose an item.
Gas		Per	Choose an item.
Groceries		Per	Choose an item.
Dining Out		Per	Choose an item.
Security		Per	Choose an item.
TV & Internet		Per	Choose an item.
Phone		Per	Choose an item.
Clothing		Per	Choose an item.
Pool/Yard Maintenance		Per	Choose an item.
Auto Repair/Maintenance		Per	Choose an item.
Fuel		Per	Choose an item.
Vacations		Per	Choose an item.
Contingency/Miscellaneous		Per	Choose an item.
Other: _____		Per	Choose an item.
MEDICAL AND TAXES		Amount Per (MO/YR)	
Prescriptions and Doctors		Per	Choose an item.
Property Taxes		Per	Choose an item.
Charitable Gifts		Per	Choose an item.
Professional Contacts			
	Name	Phone Number	Email Address
CPA			
Estate Attorney			
Life Insurance Agent			
Property & Casualty Insurance Agent			
Banker			
Other			
Other			
Other			