Gayle Buff, MBA, CFP, CFA

Data Organizer

Date _______/_______/_______

Please complete this questionnaire in advance and bring it to us to your first appointment.

We will hold this information in strict confidence

Personal Information

Name:		Name:	
Date of Birth:		Date of Birth:	
Employer:		Employer:	
Occupation:		Occupation:	

Contact Information

Street: ____

____

City:		State, Zip Code:	
Phone Number:		Phone Number:	
Fax Number:		Fax Number:	
E-mail Address:		E-mail Address:	

Goals & Objectives

1. What are your top financial concerns?

2. What three significant "things" do you want to accomplish during the next ten years?

3. What is standing in your way?

4. What life-goals do you want to accomplish once you achieve financial independence?

Other Issues

1. How is your health? Are there any issues we need to be aware of?

2. How are your parents' financial health & status? Do you expect any inheritance(s)? If so, approximately when and how much?

Retirement

Name:		
How old are you?		
At what age do you expect to retire?		
What is your Social Security per month at 62 and at your full retirement age?		
How much do you contribute to each retirement account (401(k), IRAs, SEP, Keogh)? Include any employer match. *(i.e. IRA - $3,000)*		

Asset Protection

What insurance do you carry? Please provide company name, covered amount, deductible, and premium cost.

	Company Name	Covered Amount	Deductible	Premium Cost
Homeowner:				
Auto:				
Umbrella:				
Disability:				
Long-Term Care:				
Life:				
Other:				

Estate Planning

1. Do you have an up-to-date estate plan (wills, trusts, financial & medical powers of attorney, and living wills)? If so, please provide date, executor, or trustee name:

2. If your children are minors, have you selected a guardian?

3. Do you plan to make significant lifetime gifts to your children?

4. Do you wish to provide an inheritance to your children?

5. Have you included charitable giving in your estate plan?