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Confidential Information Gathering Document (IGD)

The financial planning process starts with gathering complete and accurate information. The more information that can be obtained the better the recommendations we can make. Please complete this Confidential IGD as accurately and as completely as possible and return the completed form to our office.

CONFIDENTIAL: *Your information will be kept confidential and never be provided to any other company or individual without your express consent.*

Basis for Developing a Client / Advisor Relationship:

Please describe below why you have contacted Waterford Advisors LLC and what you would like to accomplish through a relationship with our firm.

Example: My spouse and I will be entering retirement soon. We each have a retirement account and some additional savings, but we're not sure that we will have enough funds to do the activities that we've planned during those years and would like some guidance.

List your top three goals in life/retirement in order of priority; include estimated cost and timeline for each:

1.

2.

3.

When you visualize your financial future, can you tell us what you're most concerned about?

Do you have a current financial plan in place that addresses what matters most to you?

How confident are you that you're in position to meet your financial goals?

Tell us about a few of the things you value most in life?

How do you define success?

What needs to happen over the next few years in order for you to feel our relationship has been successful?

Completed by: _____ Date: _____

Completed by: _____ Date: _____

Referred by: _____

Full Name: _____

Social Security Number: _____

Date of Birth: _____ U.S. Citizen

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email (preferred address): _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Business Phone: _____ Fax: _____

Preferred Method of Communication: _____

Date Married: _____

Prior Marriage(s): YES NO

Driver's License #: _____ State: _____

Issue Date: _____ Exp. Date: _____

Veteran: YES NO

Children

Name: _____

Social Security Number: _____

Date of Birth: _____ Dependent: YES NO

Address/City/State/Zip: _____

Married: YES NO Spouse Name: _____

Any concerns (disabilities, spendthrift, etc.?) YES NO

If yes, please explain: _____

Name: _____

Social Security Number: _____

Date of Birth: _____ Dependent: YES NO

Address/City/State/Zip: _____

Married: YES NO Spouse Name: _____

Any concerns (disabilities, spendthrift, etc.?) YES NO

If yes, please explain: _____

Grandchildren

Number of grandchildren: _____ Ages: _____

Will you provide for education? YES NO

If yes, how much? _____

Spouse's Full Name: _____

Social Security Number: _____

Date of Birth: _____ U.S. Citizen

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email (preferred address): _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Business Phone: _____ Fax: _____

Preferred Method of Communication: _____

Date Married: _____

Prior Marriage(s): YES NO

Driver's License #: _____ State: _____

Issue Date: _____ Exp. Date: _____

Veteran: YES NO

Name: _____

Social Security Number: _____

Date of Birth: _____ Dependent: YES NO

Address/City/State/Zip: _____

Married: YES NO Spouse Name: _____

Any concerns (disabilities, spendthrift, etc.?) YES NO

If yes, please explain: _____

Name: _____

Social Security Number: _____

Date of Birth: _____ Dependent: YES NO

Address/City/State/Zip: _____

Married: YES NO Spouse Name: _____

Any concerns (disabilities, spendthrift, etc.?) YES NO

If yes, please explain: _____

Other Dependents

YES NO Relationship: _____

Health Problems

Does any family member or dependent have health problems? YES NO

If yes, please explain: _____

Personal Contacts

Attorney: _____
 Address: _____
 Phone: _____

Stockbroker/Financial Advisor: _____
 Address: _____
 Phone: _____

Insurance Agent: _____
 Address: _____
 Phone: _____

Accountant/CPA: _____
 Address: _____
 Phone: _____

Estate Planning (Please provide copies of all estate documents)

	SELF	SPOUSE		SELF	SPOUSE
Do you have current wills?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does this reflect your current wishes:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any trusts?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does this reflect your current wishes:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Health Care Proxy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does this reflect your current wishes:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Power of Attorney?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does this reflect your current wishes:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you expect to receive any major inheritances?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, from whom, how much and when expected? _____		

Current Annual Income (Please provide copies of the last two years income tax returns)

TYPE	SELF	SPOUSE
Salary		
Bonus		
Commissions		
1099 Self Employment		
Real Estate Rental Income		
Non-qualified Annuities		
Pension		

TYPE	SELF	SPOUSE
401k, 403b, distributions		
IRA Distributions		
Child Support		
Alimony		
Social Security		
Trusts		
Disability Income		
Other (please describe)		

Estimated income for the next 3 years: _____ Tax bracket (Federal & State combined): _____
 Have you filed a Gift Tax Return? If yes, please provide year of most recent return filed: _____ (Please provide a copy of the most recent gift tax return)

Assets (Cash and Cash Equivalent)

TYPE	CUSTODIAN/BANK	SELF	SPOUSE	JOINT TENANCY	TRUST
Cash					
Checking					
Savings					
Money Market					
Treasury Bills					
U.S. Savings Bonds					

Securities offered through Cadaret, Grant & Co., Inc., member FINRA/SIPC. Advisory services offered through Waterford Advisors LLC, an SEC Registered Investment Advisor. Waterford Advisors and Cadaret, Grant & Co., Inc. are separate entities

Individual Securities Owned: Stocks or Bonds *(Please attach copy of statement dated within 60 days for each account/security)*

NAME OF SECURITY	NUMBER OF SHARES	CURRENT VALUE	OWNERSHIP
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>

Non-Retirement Accounts: Brokerage Accounts *(Please attach copy of statement dated within 60 days for each account)*

NAME OF CUSTODIAN	COST BASIS	CURRENT VALUE	OWNERSHIP
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>

Education Accounts: 529, UGMA, UTMA *(Please attach statement dated within 60 days for each account)*

NAME OF CUSTODIAN	CURRENT VALUE	BENEFICIARY	OWNERSHIP
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>

Retirement Accounts: *(Please attach statement dated within 60 days for each account)*

TYPE	NAME OF CUSTODIAN	CURRENT VALUE	BENEFICIARY	OWNERSHIP
Traditional IRA				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Roth IRA				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
401(k)				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Pension Plan				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Profit Sharing				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Employee Stock Plan				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Tax Sheltered Annuity				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
403(b)				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Other (please list):				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>

SELF

401(k) employee annual contribution: _____

401(k) employer (match) contribution: _____

Monthly Pension from employer at Retirement Age: _____

Survivor Benefit: YES NO Cost of Living Adjustment: YES NO

Monthly Pension from others at Retirement Age: _____

Survivor Benefit: YES NO Cost of Living Adjustment: YES NO

Pension Lump Sum (if known): _____

Any deferred compensation plans with employer? YES NO

Projected Retirement Age: _____

SPOUSE

401(k) employee annual contribution: _____

401(k) employer (match) contribution: _____

Monthly Pension from employer at Retirement Age: _____

Survivor Benefit: YES NO Cost of Living Adjustment: YES NO

Monthly Pension from others at Retirement Age: _____

Survivor Benefit: YES NO Cost of Living Adjustment: YES NO

Pension Lump Sum (if known): _____

Any deferred compensation plans with employer? YES NO

Projected Retirement Age: _____

Annuities (Please attach annuity contract and statement dated within 60 days for each policy)

TYPE	INSURANCE COMPANY NAME	COST BASIS	CURRENT VALUE	INT %	SURRENDER CHARGE	PROTECTED W/D VALUE	OWNERSHIP
Fixed							SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Variable							SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Other							SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>

Limited Partnerships

TYPE	COST BASIS	CURRENT VALUE	PURCHASE DATE	OWNERSHIP
Real Estate				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Other				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>

Real Estate

TYPE	ADDRESS/ LOCATION	COST BASIS	CURRENT VALUE	OWNERSHIP
Home				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Vacation Home				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Multi-Family				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Commercial				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Raw Land				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>

Liabilities

TYPE	AMOUNT OWED	MONTHLY PAYMENT	INTEREST RATE	REMAINING TERM	OWNERSHIP
Home Mortgage					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Auto(s)					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Credit Cards					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Student Loans					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Home Equity Line of Credit					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Other (please list)					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Other (please list)					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>

Life Insurance: SELF (Please provide copies of all life insurance policies)

TYPE	FACE VALUE	ANNUAL PREMIUM	BENEFICIARY	CASH VALUE	LOAN	SURRENDER VALUE
Term						
Whole						
Universal						
Variable						
Group/Other						

Life Insurance: SPOUSE (Please provide copies of all life insurance policies)

TYPE	FACE VALUE	ANNUAL PREMIUM	BENEFICIARY	CASH VALUE	LOAN	SURRENDER VALUE
Term						
Whole						
Universal						
Variable						
Group/Other						

General Insurance (Please provide copies of all insurance policies)

TYPE	COVERAGE/CARRIER	SELF/SPOUSE/BOTH	ANNUAL PREMIUM(S) PAID	PAID/PROVIDED THROUGH EMPLOYER SELF/SPOUSE/BOTH
Long-Term Care				
Health, Hospital & Major Medical				
Short Term Disability				
Long Term Disability				
Home Owner's				
Umbrella				
Automobile				
Other (please describe)				

*Thank you for taking the time to complete this important document.
Please return to Waterford Advisors by mail, fax (716) 580-3913, or email: cmm@waterfordadv.com.
If you have any questions, feel free to contact us at (716) 580-3906.*