



# Information Gathering Document



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## Information Gathering Document (IGD)

Please complete as accurately and completely as possible and return to us so that we can provide personalized recommendations.

**CONFIDENTIAL: Your information will be kept confidential and will never be provided to anyone without your consent.**

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### Basis for Developing a Client/Advisor Relationship:

Please describe why you contacted us and what you would like to accomplish through a relationship with our firm:

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List your top three goals in life/retirement in order of priority; please include an 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?

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

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

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Tell us about what you value most in life:

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How do you define success in your life?

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How would you define a successful relationship with our firm?

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**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

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### Children

**Name:** \_\_\_\_\_

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:** \_\_\_\_\_

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: \_\_\_\_\_

Do you plan to provide for their 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:** \_\_\_\_\_

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:** \_\_\_\_\_

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

Do any family members or dependents have health problems?

☐YES ☐NO If yes, please explain: \_\_\_\_\_

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**Personal Contacts:****Attorney:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Insurance Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Stockbroker/Financial Advisor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Accountant/CPA:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Estate Planning (Please provide copies of all estate documents)**

	SELF	SPOUSE		SELF	SPOUSE
Do you have a Will?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does it 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 it 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 it 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 it reflect your current wishes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

TYPE	SELF	SPOUSE
Salary		
Bonus		
Self-Employment/Rental Income		
Social Security		
Pension		
Retirement Account Distributions		
Child Support		
Alimony		
Other (Please describe)		

**Tax Bracket (Federal & State combined):** \_\_\_\_\_**Are you anticipating any significant changes to your income over the next year or so?** \_\_\_\_\_**Have you filed a Gift Tax Return? If yes, confirm year of most recent return filed:** \_\_\_\_\_ *(Please provide a copy)*

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**Retirement Planning**

	SELF	SPOUSE
Desired Retirement Age		
401(k) Employee Contributions; specify annual or monthly (\$ or % of pay)		
401(k) Employer Contributions; specify annual or monthly (\$ or % of pay)		
Monthly Pension at Retirement:		
Pension Notes (if applicable); Spousal Benefit? COLA?		
Any Deferred Compensation Plans with your employer?		

**Assets: Cash and Cash Equivalents**

TYPE	CUSTODIAN/BANK	CURRENT VALUE	OWNERSHIP
Checking			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Savings			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Money Market			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Bills or Bonds			SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>

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

NAME OF SECURITY	CURRENT VALUE	NUMBER SHARES	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	CURRENT VALUE	COST BASIS	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"/>

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

TYPE	CUSTODIAN	CURRENT VALUE	PRIMARY BENEFICIARIES	SECONDARY BENEFICIARIES	OWNERSHIP
Traditional IRA					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Roth IRA					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
401(k)/403(b)/PS					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Employee Stock Plan					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>
Other (please list):					SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>

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

TYPE	INSURANCE	CURRENT VALUE	COST BASIS	INT %	PROTECTED W/D	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"/>

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

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

**Business Interests**

TYPE	COMPANY NAME	EST. VALUE	% OWNERSHIP	OWNERSHIP
LP <input type="checkbox"/> GP <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/>				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>

**Real Estate**

TYPE	ADDRESS/ LOCATION	CURRENT VALUE	COST BASIS	OWNERSHIP
Home				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Second Home				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Rental				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>
Other/Land				SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/>

**Liabilities**

TYPE	AMOUNT OWED	MONTHLY PAYMENT	INTEREST %	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"/>
HELOC					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	PREMIUM	CASH VALUE	PRIMARY BENEFICIARIES	SECONDARY BENEFICIARIES
Term					
Whole					
Universal					
Variable					
Group/Other					

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

TYPE	FACE VALUE	PREMIUM	CASH VALUE	PRIMARY BENEFICIARIES	SECONDARY BENEFICIARIES
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/PROVIDED BY EMPLOYER
Long-Term Care				
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](mailto:cmm@waterfordadv.com).  
If you have any questions, feel free to contact us at (716) 580-3906.*



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