



Information Gathering Document



3858 North Buffalo Rd., Ste 2 | Orchard Park, NY 14127 | 716-580-3906 | Fax 716-580-3913 | www.waterfordadv.com

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:

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?

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 what you value most in life:

How do you define success in your life?

How would you define a successful relationship with our firm?

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: _____

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: _____

Personal Contacts:**Attorney:** _____

Address: _____

Phone: _____

Insurance Agent: _____

Address: _____

Phone: _____

Stockbroker/Financial Advisor: _____

Address: _____

Phone: _____

Accountant/CPA: _____

Address: _____

Phone: _____

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

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)*

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.
If you have any questions, feel free to contact us at (716) 580-3906.



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