

# Your Discover Session Confidential Data Form

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Complete the **EWS Confidential Data Form**. If married, please be sure that both of you review the data. Especially, if only one of you completed the form.

**PC USER:** Since this is a fillable PDF file, upon completion, please **print it** as a PDF to your computer. Don't just save it. We've heard that sometimes the data is lost if you just save it. That would be pretty annoying after spending valuable time to complete it.

**MAC USER:** please just save the file as you normally do.

**Office Meeting:** Bring your homework with you to our meeting.

**Webinar Meeting:** Place your data in Drop Box for us to retrieve. If you need help with that, let us know.

I look forward to our conversation,

*Chris Everett*



# EWS CONFIDENTIAL DATA FORM

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  Office: Forest Park  Webinar \_\_\_\_\_

Contact Information	Client	Spouse
First Name		
Last Name		
Birthday		
Phone		
Email		
Street Address		
City, State, Zip		

## Professional Contact Information

Profession	Name	Email Address	Phone
Accountant			
Estate Attorney			
Other			

## Other Information

Question	Yes	No	Last Updated
Do you own health insurance			
You own disability insurance on <input type="checkbox"/> yourself <input type="checkbox"/> your spouse			
Have you named your beneficiaries			
Have you created a will			
Have you created a trust			
Do you have powers of attorney for property			
Do you have powers of attorney for healthcare			
Do you have a living will			

## Family Member Information

Name	Relationship	DOB	Occupation	Spouse Name	Spouse DOB	Occupation

# EWS CONFIDENTIAL DATA FORM

## Children That Will Attend College

Student Name	Year of High School Graduation	Grades or ACT/SAT Score	Career Interest if Known	Potential Colleges Interested In

## Your Goals

### Client

### Spouse

**By this Date**

**Describe your goals**

**Describe your goals**


## Income Information

### Client

### Spouse

Employer

Profession/Position

**Gross Monthly Income**

\$

\$

Bonus Income

A  SA  QTR  MO

\$

\$

Projected Annual Salary Increase %

%

%

Projected Retirement Date


## Social Security Information [if you do not know, please visit [www.SSA.gov](http://www.SSA.gov) to create your account.

Your Name

Benefit at Full Retire Age

\$

\$

## Pension Information [if you do not know, please call employer or visit their website for information.

Your Name

Pension Name

Age benefit starts

Gross Mo Bene

Survivor %

COLA

\$

%

%

\$

%

%

\$

%

%

# EWS CONFIDENTIAL DATA FORM

## Bank and Emergency Fund Assets

Owner Initials	Bank Name	[Savings, Checking, Money Market, CD]	Acct Value	Monthly Contribution
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

## Retirement Fund Assets

Owner Initials	Company	401k,TSP, 403b, IRA, Roth	Risk: Low, Mod, High	Acct Value	Your Monthly Contribution	Employer Monthly Contribution
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

## Additional Assets [such as college savings plans, private investments]

Owner Initials	Company	Description	Risk: Low, Mod, High	Account Value	Your Monthly Contribution
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

## Single Premium Immediate Annuity Assets

Owner Initials	Company	Q or NQ	Single or Joint Pmts	Monthly, Qtrly, Semi-An or Annual	Account Value	Benefit Amount	Benefit Start Date	Benefit End Date
					\$	\$		
					\$	\$		

# EWS CONFIDENTIAL DATA FORM

## Guaranteed Income Benefit Annuity Assets

Owner Initials	Company	Q or NQ	Single/ Joint Pmts	Account Value	Benefit Amount	Start Date	End Date
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		

## Real Estate Information

	Purchase Mo/Year	Purchase Price	Cost of Reno(s)	Current Value	Mortgage Balance	Mortgage Type/Rate
HOME		\$	\$	\$	\$	yr %
Other RE		\$	\$	\$	\$	yr %
Address:					Gross Rental Inc/Mo: \$	
Other RE		\$	\$	\$	\$	yr %
Address:					Gross Rental Inc/Mo: \$	
Other RE		\$	\$	\$	\$	yr %
Address:					Gross Rental Inc/Mo: \$	

## Liability Information [credit cards, private loans, student loans – interest rate/minimum pmt important]

Owner Initials	Company	Debt Balance	Interest Rate	Regular Monthly Payment	Minimum Mo Payment
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$

## Future Cash Flows [college expenses, sale of business, inheritance, etc.]

Owner Initials	Description	In or Out	How often?	Amount	Known % Change	Start Date	End Date
				\$	%		
				\$	%		
				\$	%		
				\$	%		
				\$	%		

# EWS CONFIDENTIAL DATA FORM

Investment Time Horizon	Points
0-2 Years	0
3-5 Years	1
6-10 Years	2
11-12 Years	3
13+ Years	4

This question will help us determine how long you might leave your money before having to use it in retirement.

How do you feel about Saving and Risk?	Points
I do not want to see my principal amount decrease	0
I cannot afford a significant loss to principal regardless of the interest earned	1
I want to stay ahead of inflation yet, I cannot handle much market risk	2
If I can make a moderate rate of interest on my money, I can withstand some fluctuation	3
I want the potential for higher returns, and I am willing to take on some risk	4

Answers to this question will help us determine your tolerance for risk.

What do you consider reasonable interest for retirement assets?	Points
3% - 4%	0
4% - 6%	1
7% - 9%	2
9% - 11%	3
Greater than 11%	4

Answers to this question will help us determine your tolerance for risk.

## RISK TOLERANCE – Let’s say you’ve just bought a financial product for \$100,000.

Which possibility would you choose?	Points
Best Case = \$102,000 Increase = \$2,000 Worst Case = \$100,000 Decrease = \$0	0
Best Case = \$104,000 Increase = \$4,000 Worst Case = \$96,000 Decrease = \$4,000	1
Best Case = \$108,000 Increase = \$8,000 Worst Case = \$92,000 Decrease = \$8,000	2
Best Case = \$112,000 Increase = \$12,000 Worst Case = \$88,000 Decrease = \$12,000	3
Best Case = \$116,000 Increase = \$16,000 Worst Case = \$84,000 Decrease = \$16,000	4

This question will help us determine your tolerance for risk or at what point you cry “ouch!!”.

What do you like about your current investment advisor?	
How often do you meet with your advisor, if you have one?	
Do you discuss more than your investments? What?	
How often do you reallocate your investments?	
How much did you lose in 2008?	

# EWS CONFIDENTIAL DATA FORM

## Health Information

	Smoker?	Health Concerns / Medications/Dosage
Client	<input type="checkbox"/> Y <input type="checkbox"/> N	
Spouse	<input type="checkbox"/> Y <input type="checkbox"/> N	

## Life Insurance Information

Owner Initials	Company	Type: Cash Value or Term	Term Ins End Date	Monthly Premium	Death Benefit	Cash Value
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

## Disability Insurance Information

Owner	Company	Personal or Group	Cost/Mo	Benefit/Mo	Inflation Rate	End Date [ex: A65]
			\$	\$	%	
			\$	\$	%	

## Long Term Care Insurance Information

Owner	Company	Personal or Group	Monthly Cost	Monthly Benefit	Inflation Rate	Total Benefit [ex: 3 yrs]
			\$	\$	%	
			\$	\$	%	

## DAILY LIVING EXPENSES

Please check the email that contained this Data Form for a link to complete your expense information.

## Additional Information – anything else we should know?

Client	
Spouse	

## Client and Spouse Signatures Section

I hereby attest that the information on this Client Data Form has been provided by me and to the best of my knowledge is accurate. I further understand that the information provided will be used with your financial software to create my financial analysis. The information gathered with this form will be used for the sole purpose of helping create a financial strategy for you. EWS does not provide tax or legal advice. Prior to making any financial decisions you should obtain tax or legal advice from a qualified professional.

	Signature	Date
Client		
Spouse		
Fiduciary		