Data Gathering

Meriwether
WEALTH & PLANNING

Section 1: Personal Information

Name	Relationship	Age	Residence State	Retirement Age (Estimated)
	Client			
	Co-Client			

Children	Date of Birth

Children	Date of Birth

Section 2: Financial Goals

Please list any short-term and long-term goals below:

Short-term (Less than 5 years)

Long-term (5 years or more)

Section 3: Income

Please input your income information:

Description	Annual Amount	Annual Increase	Starts	Ends
Example: Salary	*$80,000*	*+/- 2%*	*Now*	*Retirement*

Section 4: Expenses

Current monthly living expenses: _______________

Please include your planned savings such as contributions to 401(k), IRA, etc.

Savings & Retirement Description	Annual Amount	Employer Match %
401(k) / 403(b) contribution		

Section 5: Investment Assets

Please list your bank and investment accounts, including 401(k) accounts, 529s, HSAs, etc.:

Bank or Investment Co.	Account Description	Account Type	Balance
Please provide statements for any investment accounts not managed by Meriwether.			

Section 6: Debt

Do you own or rent your home? ☐ Own ☐ Rent – Monthly rent amount: _______________

Please provide the following information about your home:

Property Name	Purchase Year	Purchase Price	Current Home Value
	Current Principal Balance	Monthly Payment	Original Loan Term
	Interest Rate	Annual Property Tax	Annual Insurance

Section 6: Debt (Continued)

Please include information on credit cards, mortgages, home equity loans, student loans and other loans:

Debt Name	Original Amount	Interest Rate	Term	Monthly Payment	Balance

Section 7: Real Estate and Other Assets

If you own any real estate property (in addition to your home) or other assets, please provide details below:

Asset / Property name	Purchase Year	Purchase Price / Cost Basis	Current Value	Annual Income

Section 8: Insurance Policies

Please input information about insurance policies, including life insurance, disability, and long-term care:

Health Insurance

Coverage: Y ☐ N ☐

Deductible:
Max OOP:

Coinsurance:

Disability Insurance

Coverage: Y ☐ N ☐

Long-Term Care Insurance

Coverage: Y ☐ N ☐

Life Insurance

Coverage: Y ☐ N ☐

Life Insurance (or LTC)	Coverage	Benefit	Annual Premium	Cash Value

Additional Documents Needed:

Please provide the following documents:

- Statements for investment accounts (those not managed by Meriwether)
- Income tax return for previous year
- Social Security statements