



Core Data Gathering Tool

Revised 7/1/2013

For: _____

Date: _____

Some of the information requested in this profile may be unfamiliar to you. If you are unsure of what information is being requested, just leave the field blank. Your advisor will work with you to identify the correct information. In addition to the information you provide here, your advisor may also ask for copies of your will, insurance policies as well as retirement plan, bank and investment statements.

Securities offered through H.D. Vest Investment Servicessm Member: SIPC, 6333 North State Highway 161, Fourth Floor, Irving, Texas 75038, (972) 870-6000

A note to our valued prospective clients:

Below is a list of items that greatly assist us in analyzing your current financial situation. These items are extremely important for our evaluation process and we ask that you please include them in addition to this Data Gathering packet. If at any time you have any questions about the packet or our process in general at Alvini & Associates, please do not hesitate to contact us via telephone at (302) 836-8490. We thank you for the opportunity of working together.

Items requested in addition to the Data Gathering packet:

- Latest paystub(s)
- Latest tax returns
- Prior Year W2
- Employer benefit booklet(s)
- Pension information
- Investment account statement(s)
- Insurance information – Life insurance, Disability insurance, etc.
- Social Security information*

* In order to find your Social Security information, please log onto ssa.gov. When the webpage appears, click on the “**Sign In to my Social Security**” icon at the top of your screen. Once that webpage opens, click on the “**Create an Account**” icon in the middle of the page. After you have taken a few moments to create this account, you will be able to view your social security benefits. Please print those pages off and attach them with this packet and the other important documents that we like to see for our analysis and evaluation.

Personal Profile Worksheet

Personal Information

Marital Status: Single Married

Client 1	Client 2
<i>First Name</i>	
<i>Middle Name</i>	
<i>Last Name</i>	
<i>Birth Date</i>	

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Best Time to Call: _____

Email Address: _____

Dependent Information

Name	Birth Date	Gender
		M / F
		M / F
		M / F
		M / F
		M / F
		M / F

Personal Profile Worksheet

Patriot Act Information – Client 1

Social Security Number: _____

Driver’s License No: _____ Issue Date: _____ Exp Date: _____

Employer: _____ Job Title: _____

Years with Employer: _____

Do you have a plan at work OR individually that provides continuing income if you are unable to work due to an accident or illness?

- yes
- no

Investment Knowledge

Years of experience with investments in:

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <u>Stocks</u> | <u>Bonds</u> | <u>Mutual Funds</u> | <u>Options</u> |
| <input type="radio"/> 0-1 years | <input type="radio"/> 0-1 years | <input type="radio"/> 0-1 years | <input type="radio"/> 0-1 years |
| <input type="radio"/> 1-5 years | <input type="radio"/> 1-5 years | <input type="radio"/> 1-5 years | <input type="radio"/> 1-5 years |
| <input type="radio"/> 5-10 years | <input type="radio"/> 5-10 years | <input type="radio"/> 5-10 years | <input type="radio"/> 5-10 years |
| <input type="radio"/> 10 years + | <input type="radio"/> 10 years + | <input type="radio"/> 10 years + | <input type="radio"/> 10 years + |
-
- | | |
|----------------------------------|----------------------------------|
| <u>Annuities</u> | <u>Insurance</u> |
| <input type="radio"/> 0-1 years | <input type="radio"/> 0-1 years |
| <input type="radio"/> 1-5 years | <input type="radio"/> 1-5 years |
| <input type="radio"/> 5-10 years | <input type="radio"/> 5-10 years |
| <input type="radio"/> 10 years + | <input type="radio"/> 10 years + |

Personal Profile Worksheet

Patriot Act Information – Client 2

Social Security Number: _____

Driver’s License No: _____ Issue Date: _____ Exp Date: _____

Employer: _____ Job Title: _____

Years with Employer: _____

Do you have a plan at work OR individually that provides continuing income if you are unable to work due to an accident or illness?

- yes
- no

Investment Knowledge

Years of experience with investments in:

- | <u>Stocks</u> | <u>Bonds</u> | <u>Mutual Funds</u> | <u>Options</u> |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> 0-1 years | <input type="radio"/> 0-1 years | <input type="radio"/> 0-1 years | <input type="radio"/> 0-1 years |
| <input type="radio"/> 1-5 years | <input type="radio"/> 1-5 years | <input type="radio"/> 1-5 years | <input type="radio"/> 1-5 years |
| <input type="radio"/> 5-10 years | <input type="radio"/> 5-10 years | <input type="radio"/> 5-10 years | <input type="radio"/> 5-10 years |
| <input type="radio"/> 10 years + | <input type="radio"/> 10 years + | <input type="radio"/> 10 years + | <input type="radio"/> 10 years + |

- | <u>Annuities</u> | <u>Insurance</u> |
|----------------------------------|----------------------------------|
| <input type="radio"/> 0-1 years | <input type="radio"/> 0-1 years |
| <input type="radio"/> 1-5 years | <input type="radio"/> 1-5 years |
| <input type="radio"/> 5-10 years | <input type="radio"/> 5-10 years |
| <input type="radio"/> 10 years + | <input type="radio"/> 10 years + |

Financial Summary Worksheet

Annual Income	Client 1	Client 2
Earned Income (pre-tax income: before taxes are withheld or paid)	\$ _____	\$ _____
Investment income (ex., dividends, cap. gains, interest)	\$ _____	\$ _____
Other income (income not subject to FICA)	\$ _____	\$ _____
Taxes <i>(Leave blank if tax returns and W2 forms have been provided to us)</i>		
Annual Federal income tax	\$ _____	\$ _____
Annual State income tax	\$ _____	\$ _____
Annual Social Security tax	\$ _____	\$ _____

Monthly Financial Commitments

Living Expenses *(Do not list your mortgage or other loan amounts, or the premiums you pay for life insurance or disability insurance. You may use the categories below or create your own on the following page.)*

	Monthly Amount
Rent	_____
Property tax (real estate, vehicle)	_____
Transportation (gas/taxis/maintenance)	_____
Homeowners/Renters insurance	_____
Health insurance	_____
Auto insurance	_____
Charitable contributions	_____
Home repairs/maintenance	_____
Utilities (gas/electric/phone/water/garbage/cell phones)	_____
Groceries	_____
Clothing	_____
Medical	_____
Entertainment	_____
Current Tuition / Child Care	_____

Assets

Cash Assets (i.e. Checking, Savings, or Money Market accounts)

Asset Description	Current Balance	Ownership

Investment Assets (List only investments not held in a retirement plan or insurance contract)

Asset Description	Current Balance	Ownership

Assets (continued)

Business Assets (List assets personally owned or business purposes, such as real estate, inventory, desks & copy machines)

Asset Description	Current Balance	Ownership

Personal Assets (List assets not included in any other asset class. Items typically included in this section are jewelry, a home, car, boat, collectibles, etc.)

Asset Description	Current Balance	Ownership

Liabilities & Debt Obligations *(include all types of loans as well as credit cards)*

Description	Debt Type	Current Balance	Monthly Payment Amount	Interest Rate	Responsible Party
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint

Liabilities & Debt Obligations *(include all types of loans as well as credit cards)*

Description	Debt Type	Current Balance	Monthly Payment Amount	Interest Rate	Responsible Party
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint
	<input type="radio"/> Primary Mortgage <input type="radio"/> Secondary Mortgage <input type="radio"/> Rental Property <input type="radio"/> Business <input type="radio"/> Margin <input type="radio"/> Consumer <input type="radio"/> Automobile <input type="radio"/> Other				<input type="radio"/> Client 1 <input type="radio"/> Client 2 <input type="radio"/> Joint

Insurance – Client 1

Life Insurance *(Please bring copies of your insurance policies to the meeting with your advisor)*

Type	Insurer Name	Owner	Beneficiary	Death Benefit	Current Cash Value	Annual Premium
<input type="radio"/> Group <input type="radio"/> Term <input type="radio"/> Whole <input type="radio"/> UL <input type="radio"/> Variable <input type="radio"/> Other		<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Community Property	<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Third Party			
<input type="radio"/> Group <input type="radio"/> Term <input type="radio"/> Whole <input type="radio"/> UL <input type="radio"/> Variable <input type="radio"/> Other		<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Community Property	<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Third Party			
<input type="radio"/> Group <input type="radio"/> Term <input type="radio"/> Whole <input type="radio"/> UL <input type="radio"/> Variable <input type="radio"/> Other		<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Community Property	<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Third Party			

Insurance – Client 2

Life Insurance *(Please bring copies of your insurance policies to the meeting with your advisor)*

Type	Insurer Name	Owner	Beneficiary	Death Benefit	Current Cash Value	Annual Premium
<input type="radio"/> Group <input type="radio"/> Term <input type="radio"/> Whole <input type="radio"/> UL <input type="radio"/> Variable <input type="radio"/> Other		<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Community Property	<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Third Party			
<input type="radio"/> Group <input type="radio"/> Term <input type="radio"/> Whole <input type="radio"/> UL <input type="radio"/> Variable <input type="radio"/> Other		<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Community Property	<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Third Party			
<input type="radio"/> Group <input type="radio"/> Term <input type="radio"/> Whole <input type="radio"/> UL <input type="radio"/> Variable <input type="radio"/> Other		<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Community Property	<input type="radio"/> Client <input type="radio"/> Spouse <input type="radio"/> Irrevocable Trust <input type="radio"/> Third Party			

Insurance – Client 1

Disability Insurance *(Please bring copies of your insurance policies to the meeting with your advisor)*

Type	Insurer Name	Monthly Benefit	Elimination Period (days)	Benefit Period (years)	Annual Premium	COLA % *
<input type="radio"/> Group						
<input type="radio"/> Individual						
<input type="radio"/> Group						
<input type="radio"/> Individual						

* COLA is the acronym for cost of living adjustment. It is included in some policies that increase your benefits to keep pace with inflation

Insurance – Client 2

Disability Insurance *(Please bring copies of your insurance policies to the meeting with your advisor)*

Type	Insurer Name	Monthly Benefit	Elimination Period (days)	Benefit Period (years)	Annual Premium	COLA % *
<input type="radio"/> Group						
<input type="radio"/> Individual						
<input type="radio"/> Group						
<input type="radio"/> Individual						

* COLA is the acronym for cost of living adjustment. It is included in some policies that increase your benefits to keep pace with inflation

Education Planning Worksheet

Name of Student	Years until school begins*	Years in school	Name of school	Annual cost of school	Percentage of costs client(s) want to fund
			<input type="radio"/> Unknown state school, in-state <input type="radio"/> Unknown state school, out of state <input type="radio"/> Unknown private school <input type="radio"/> Specific school: _____		
			<input type="radio"/> Unknown state school, in-state <input type="radio"/> Unknown state school, out of state <input type="radio"/> Unknown private school <input type="radio"/> Specific school: _____		
			<input type="radio"/> Unknown state school, in-state <input type="radio"/> Unknown state school, out of state <input type="radio"/> Unknown private school <input type="radio"/> Specific school: _____		

*If you have entered dependent's birth dates earlier, you may leave this column blank

Savings for Special Needs Worksheet

Use this section to describe any savings goals that you have outside of retirement and education. Examples include items such as a boat, wedding, vacation home fund, etc.

Goal	Annual estimated cost in today's dollars	Years until needed	Years of need*	Annual inflation rate (assume 3%)	% of goal you want to fund**

*Enter 1 year if the goal is a onetime purchase such as a boat or car

**This column allows you to indicate that you are not working toward this goal alone. For example, assume that for the last 8 years you have been diligently saving for a sailboat. The dream is that you and your brother will co-own the boat (50/50) and use it during pre-retirement and retirement years. In this case, you would write "50%" in this column.

Long-Term Care

Note: You have already provided us with the information regarding your Cash, Investments, Business & Personal Assets on the Financial Summary Worksheet. The following information is taken into consideration in long-term care assessments. It is possible to do an analysis for clients as well as people for who clients expect to provide or pay for care (i.e. parents or grandparents).

Who may need long term care? (Provide Names) _____

Birth Date (if not client 1 or 2) _____/_____/_____

At what age would long-term care needs begin for this individual? _____

Years of Need (average nursing home stay is 2 years and the average Alzheimer's stay is 7 years) _____

In what state will long-term care be provided? _____

Estimated daily cost (national average is Between \$110 and \$230 per day) \$_____

Retirement

	Client 1	Client 2
At what age do you plan to retire?	_____	_____
Does your employer provide a pension plan?	_____	_____
Do you contribute to a voluntary or supplemental retirement plan (including a 401(k), 403(b), IRA, or Keogh)?	_____	_____
What percentage of your annual income is contributed to the plan (including employer match)	_____	_____

Retirement Assets

Tax Deferred & Tax Exempt Retirement Savings (i.e. 401(k), 403(b), SEP, SIMPLE, Roth IRA, Traditional IRA, annuity)

Client 1

Description	Current Balance	Annual Contribution	Annual Contribution Increase Rate	Tax Type*
				<input type="radio"/> Tax Deferred (pre tax) <input type="radio"/> Tax Deferred (after tax) <input type="radio"/> Tax exempt
				<input type="radio"/> Tax Deferred (pre tax) <input type="radio"/> Tax Deferred (after tax) <input type="radio"/> Tax exempt
				<input type="radio"/> Tax Deferred (pre tax) <input type="radio"/> Tax Deferred (after tax) <input type="radio"/> Tax exempt

Client 2

Description	Current Balance	Annual Contribution	Annual Contribution Increase Rate	Tax Type*
				<input type="radio"/> Tax Deferred (pre tax) <input type="radio"/> Tax Deferred (after tax) <input type="radio"/> Tax exempt
				<input type="radio"/> Tax Deferred (pre tax) <input type="radio"/> Tax Deferred (after tax) <input type="radio"/> Tax exempt
				<input type="radio"/> Tax Deferred (pre tax) <input type="radio"/> Tax Deferred (after tax) <input type="radio"/> Tax exempt

*If you are unsure what tax type your retirement savings are, just leave this section blank

Risk Tolerance

How long do you think you will retain your investment portfolio?

_____ Less than five years

_____ Five to 10 years

_____ More than 10 years

Which investment approach to pursuing your financial goals would you be most comfortable with?

_____ Conservative: I am willing to accept only modest portfolio value fluctuation with infrequent quarterly losses in exchange for the potential of more consistent average returns

_____ Moderate: I am willing to accept short-term portfolio value fluctuation with an occasional year of negative return in exchange for the potential of positive returns over the long term

_____ Aggressive: I am willing to accept a higher degree of short-term portfolio value fluctuation with periodic years of negative returns in exchange for the potential of higher positive returns over the long term

Six months after you make a \$100,000 investment, it decreases by \$10,000 in a down-market period. How would you feel?

_____ Very uncomfortable. I would consider selling my investment.

_____ Uncomfortable, yet I would stay with the investment if my financial advisor recommends it

_____ I would want to buy more of the investment since this may be a good investment Opportunity

Is it important for you to receive money from your account on a monthly basis?

_____ Yes, it is highly important, and it must be the same amount each month

_____ It is important but, growth of my portfolio is also an important factor

_____ It is not important because growth of my portfolio is my primary goal

Although past performance is no guarantee of future results, stocks have historically provided better protection against inflation than bonds. Additionally, diversification using a portfolio of stocks or stock mutual funds also provides the potential for less volatility in returns. Given these factors, complete the following statement: "I would be comfortable if a well-diversified position in stocks or stock mutual funds represented..."

_____ A small percentage of my portfolio (less than 50%)

_____ A significant percentage of my portfolio (50-80%)

_____ A dominant percentage of my portfolio (more than 80%)

The table below shows four hypothetical portfolios with fictitious yearly and seven year average annual return numbers*. Consider how you would feel if you experienced these hypothetical returns; especially the down years in your portfolio. With which hypothetical portfolio (A to D) would you feel most comfortable? (Please circle or highlight which hypothetical portfolio you choose)

*The rates of return shown below are purely hypothetical and do not represent the performance of any individual investment or portfolio investment. They are for illustration purposes only and should not be used to predict future product performance. Specific rates of return, especially for extended time periods, will vary over time. There is also a higher degree of risk associated with investments that offer the potential for higher rates of return.

Portfolio	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Yr. 6	Yr. 7	Average Annual Return
A	3%	3%	3%	3%	3%	3%	3%	3.0 %
B	14%	-1%	20%	-5%	10%	2%	6%	6.0 %
C	19%	-3%	26%	-13%	15%	5%	10%	7.5 %
D	25%	-5%	38%	-23%	19%	7%	14%	9.0 %

