



TRADITION  
*wealth management*

## **Data Gather**

**As Prepared For**

Securities offered through ProEquities, Inc., a Registered Broker/Dealer, Member FINRA/SIPC.

Investment Advisory Services offered through Tradition Wealth Management, LLC, a Registered Investment Adviser.

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## CLIENT PROFILE (Personal and Confidential)

### GENERAL INFORMATION

	<u>Client</u>	<u>Spouse</u>
Name:	_____	_____
Date of Birth:	_____	_____
State of Birth:	_____	_____
Social Security Number:	_____	_____
Driver License Number:	_____	_____
Driver License Expiration:	_____	_____
Mother Maiden Name:	_____	_____

### EMPLOYMENT

	<u>Client</u>	<u>Spouse</u>
Occupation:	_____	Occupation: _____
Income:	_____	Income: _____
Employer:	_____	Employer: _____
Employer's Address:	_____	Employer's Address: _____
City: _____ State: _____ ZIP: _____		City: _____ State: _____ ZIP: _____
Work Phone:	_____	Work Phone: _____
Work Fax:	_____	Work Fax: _____
Work Email Address:	_____	Work Email Address: _____
Years at Employer:	_____	Years at Employer: _____

### HOME

	<u>Client</u>	<u>Spouse</u>
Home Address:	_____	Home Address: _____
City: _____ State: _____ ZIP: _____		City: _____ State: _____ ZIP: _____
Home Phone:	_____	Home Phone: _____
Home Fax:	_____	Home Fax: _____
Home Email Address:	_____	Home Email Address: _____
Years at Address:	_____	Years at Address: _____

### CHILDREN

Child Name: _____	Child Date of Birth: _____	Child SSN: _____
Child Name: _____	Child Date of Birth: _____	Child SSN: _____
Child Name: _____	Child Date of Birth: _____	Child SSN: _____

### PROFESSIONAL SERVICES

Bank Name: _____	Branch Address: _____
City: _____	State: _____ ZIP: _____
Accountant: _____	Phone: _____
Attorney: _____	Phone: _____
Property/Casualty Agent: _____	Phone: _____

## ASSETS AND LIABILITIES

### RESIDENCE/REAL ESTATE/PROPERTIES

<u>Asset Name</u>	<u>Ownership</u>	<u>Market Value</u>	<u>Liability</u>	<u>Monthly Payment</u>	<u>Interest Rate</u>

### NON QUALIFIED SAVINGS/INVESTMENT (CASH, MUTUAL FUNDS, STOCKS, BONDS, ANNUITIES, ETC.)

<u>Asset Name</u>	<u>Ownership</u>	<u>Market Value</u>	<u>Liability</u>	<u>Deposits</u>	<u>Withdrawals</u>

### QUALIFIED ASSETS (IRA'S, 401K, DEFERRED COMP, ETC.)

<u>Asset Name</u>	<u>Ownership</u>	<u>Market Value</u>	<u>Liability</u>	<u>Deposits</u>	<u>Withdrawals</u>

## INSURANCE INFORMATION

### LIFE INSURANCE

<u>Insurance Company</u>	<u>Coverage Type</u>	<u>Insured</u>	<u>Owner</u>	<u>Bene.</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### DISABILITY INSURANCE

<u>Insurance Company</u>	<u>Coverage Type</u>	<u>Insured</u>	<u>Monthly Benefit</u>	<u>COLA%</u>	<u>Elim. Period</u>	<u>Benefit Period</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### LONG TERM CARE

<u>Insurance Company</u>	<u>Coverage Type</u>	<u>Insured</u>	<u>Monthly Benefit</u>	<u>COLA%</u>	<u>Elim. Period</u>	<u>Benefit Period</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### HEALTH INSURANCE

<u>Insurance Company</u>	<u>Coverage Type</u>	<u>Single/Family</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## SOCIAL SECURITY/PENSION INFORMATION

### SOCIAL SECURITY\*

	<u>Earliest Age 62</u>	<u>Full Retirement</u>	<u>Current Payment</u>
Your Annual Benefit	_____	_____	_____
Spouse Annual Benefit	_____	_____	_____

### PENSION PLANS\*

	<u>Age 55</u>	<u>Age 60</u>	<u>Age 65</u>	<u>Current Payment</u>
Your Annual Benefit	_____	_____	_____	_____
Spouse Annual Benefit	_____	_____	_____	_____

\*Please provide recent benefits and/or earnings statement

## OTHER INFORMATION

### EDUCATION

Percentage of college expenses you plan on providing for your:

Children: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

What Colleges/Universities should be considered for planning:

College/University: \_\_\_\_\_

College/University: \_\_\_\_\_

### CAPITAL/INCOME REPLACEMENT NEEDS

Immediate Cash needs (day care, education, debts, etc.): \_\_\_\_\_

Annual After-tax Income Needs: \_\_\_\_\_

### RETIREMENT

Retirement Age: \_\_\_\_\_

Spouse Retirement Age: \_\_\_\_\_

Annual After-tax Retirement Income Desired: \_\_\_\_\_

### ESTATE PLANNING

Do you currently have a will?

YES NO

Do you currently have a durable power of attorney?

YES NO

Do you currently have a healthcare declaration?

YES NO

Do you currently have a living trust?

YES NO

Do you currently have an irrevocable trust?

YES NO

Are you currently receiving gifts?

YES NO

Are you currently making gifts as a part of your estate planning?

YES NO

Are there institutions to which you would like to leave a legacy?

YES NO

### MISCELLANEOUS

Inflation Rate: \_\_\_\_\_

Effective Income Tax Rate: \_\_\_\_\_

Do you expect to be financially responsible for parents or others?

YES NO

Do you expect/want to plan for an inheritance?

YES NO

### ITEMS FOR ATTENTION

