Waypoints

Data Gathering



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	Section	4:	Expe	enses
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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.				

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Do you own or rent your home? Own	Rent – Monthly rent amount:
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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	Deductible: Max OOP:	Coinsurance:			
Disability Insura	ance					
Coverage:	Y N					
Long-Term Care Insurance						
Coverage:	Y N					
Life Insurance						
Coverage:	Y					

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