

Data Collection

Please FULLY complete and return this form at least 1 week prior to our next meeting.

Please return this completed document and all supporting statements at least one week prior to our next meeting. Let us know if you have any questions as you gather the data. It might seem a little daunting at first, but we wanted to include everything so you would have a check list to work off of. We try to focus on getting the complete big picture upfront. Try not to get too hung up on the exact dollar amount down to the penny; rounding to the nearest hundreds or thousands of dollars is fine.

Section 1 – Personal Information

Contact's Last Name		Contact's First Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Never married <input type="checkbox"/> 1 st marriage <input type="checkbox"/> 2 nd + marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Date of Birth	Cell Phone	Home Phone	Work Phone		
Contact's Email					
Legal/Residential Address					
City			State	Zip	

Spouse's Last Name		Spouse's First Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Never married <input type="checkbox"/> 1 st marriage <input type="checkbox"/> 2 nd + marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Date of Birth	Cell Phone	Home Phone	Work Phone		
Spouse's Email					

Section 2 – Income Prior to Retirement

<input type="checkbox"/> Contact <input type="checkbox"/> Spouse	Employer or Source	Occupation	Annual Income \$	Date or Age at Retirement
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse	Employer or Source	Occupation	Annual Income \$	Date or Age at Retirement
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse	Employer or Source	Occupation	Annual Income \$	Date or Age at Retirement
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse	Employer or Source	Occupation	Annual Income \$	Date or Age at Retirement

Section 3 – Liabilities

<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Primary Residence Value	1 st Mortgage Balance	Years Left	Rate %	Mortgage Only Payment	Real Estate Tax	Insurance Pmt.	Making Extra Payments? \$ _____
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	2 nd Mortgage or HELOC Balance		Years Left	Rate %	Total Monthly Payment	Concerns/Comments:		Making Extra Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal debt (Type: 2 nd home, auto, credit card, student loans, lines of credit, personal loans, ...)								
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Asset Value (if any)	Type: _____ Balance \$ _____	Years Left	Rate %	Monthly Payment	Concerns/Comments:		Making Extra Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Asset Value (if any)	Type: _____ Balance \$ _____	Years Left	Rate %	Monthly Payment	Concerns/Comments:		Making Extra Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Asset Value (if any)	Type: _____ Balance \$ _____	Years Left	Rate %	Monthly Payment	Concerns/Comments:		Making Extra Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Asset Value (if any)	Type: _____ Balance \$ _____	Years Left	Rate %	Monthly Payment	Concerns/Comments:		Making Extra Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Assets / Savings

Type: Bank Checking, Bank Savings, Bank CDs, Annuities, Brokerage Accounts, Stock Purchase Plans, 529, 401k, 403(b), 457(b), Simple IRA, SEP IRA, IRA, Roth... Statements MUST BE ATTACHED for each asset listed (other than North Star Advisory Group accounts, bank checking or bank savings).					
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Type: _____ Balance \$ _____	Location, custodian or institution _____	Adding <input type="checkbox"/> No <input type="checkbox"/> Yes How <input type="checkbox"/> Payroll <input type="checkbox"/> Monthly Amount/%: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> No <input type="checkbox"/> Yes

Section 5 – Retirement Income

Source: Part-time work, Consulting, Social Security , Pensions (OPERS, SERS, STRS, Company, ...), Profit sharing plans, Trust beneficiary distributions, ... Some type of statement/documentation MUST BE ATTACHED for each source listed.				
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Source: _____ Amount \$ _____	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Source: _____ Amount \$ _____	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Source: _____ Amount \$ _____	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Source: _____ Amount \$ _____	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Source: _____ Amount \$ _____	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Source: _____ Amount \$ _____	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Source: _____ Amount \$ _____	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> Yes
<input type="checkbox"/> Contact <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Source: _____ Amount \$ _____	Payment Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	Concerns/Comments: _____	Statement attached? <input type="checkbox"/> Yes

Section 6 – Insurance

Insured <input type="checkbox"/> Contact <input type="checkbox"/> Spouse	Type <input type="checkbox"/> Group <input type="checkbox"/> Term <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Whole <input type="checkbox"/> Variable <input type="checkbox"/> Universal Other: _____	Insurance Company	Coverage Amount \$ _____	Premium \$ _____ <input type="checkbox"/> Pay <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	Cash Value \$ _____	Issue Date: _____ If Term: <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr <input type="checkbox"/> 20yr <input type="checkbox"/> 30yr	Statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Concerns/Comments:							
Insured <input type="checkbox"/> Contact <input type="checkbox"/> Spouse	Type <input type="checkbox"/> Group <input type="checkbox"/> Term <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Whole <input type="checkbox"/> Variable <input type="checkbox"/> Universal Other: _____	Insurance Company	Coverage Amount \$ _____	Premium \$ _____ <input type="checkbox"/> Pay <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	Cash Value \$ _____	Issue Date: _____ If Term: <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr <input type="checkbox"/> 20yr <input type="checkbox"/> 30yr	Statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Concerns/Comments:							
Insured <input type="checkbox"/> Contact <input type="checkbox"/> Spouse	Type <input type="checkbox"/> Group <input type="checkbox"/> Term <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Whole <input type="checkbox"/> Variable <input type="checkbox"/> Universal Other: _____	Insurance Company	Coverage Amount \$ _____	Premium \$ _____ <input type="checkbox"/> Pay <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	Cash Value \$ _____	Issue Date: _____ If Term: <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr <input type="checkbox"/> 20yr <input type="checkbox"/> 30yr	Statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Concerns/Comments:							
Insured <input type="checkbox"/> Contact <input type="checkbox"/> Spouse	Type <input type="checkbox"/> Group <input type="checkbox"/> Term <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Whole <input type="checkbox"/> Variable <input type="checkbox"/> Universal Other: _____	Insurance Company	Coverage Amount \$ _____	Premium \$ _____ <input type="checkbox"/> Pay <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	Cash Value \$ _____	Issue Date: _____ If Term: <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr <input type="checkbox"/> 20yr <input type="checkbox"/> 30yr	Statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Concerns/Comments:							

Section 7 – Estate, Education & Family Planning

Estate Planning	Contact	Spouse (Same or Date)					
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____	date: _____					
Durable Power of Attorney for Finance	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____	date: _____					
Durable Power of Attorney for Medical	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____	date: _____					
Trust(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____	date: _____					
Any other estate planning?	<input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____	date: _____					
Children							
Name	Date of Birth	Married?	# of kids they have	Name	Date of Birth	Married?	# of kids they have
#1 _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	#4 _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
#2 _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	#5 _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
#3 _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	#6 _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Education Planning							
Do you plan on funding any education costs?	<input type="checkbox"/> No <input type="checkbox"/> Yes,	for Child #(s): _____	_____ %	# of years: _____			
Do you want a college savings/cost projection run?	<input type="checkbox"/> No <input type="checkbox"/> Yes,	for Child #(s): _____	_____ %	# of years: _____			
Do you want a college savings/cost projection run?	<input type="checkbox"/> No <input type="checkbox"/> Yes,	for Child #(s): _____	where: _____	date: _____			
Do you want a college savings/cost projection run?	<input type="checkbox"/> No <input type="checkbox"/> Yes,	for Child #(s): _____	where: _____	date: _____			
Family Planning							
Do you plan on moving when you retire?	<input type="checkbox"/> No <input type="checkbox"/> Yes,	where: _____					
Do you have to financially support any adult kids?	<input type="checkbox"/> No <input type="checkbox"/> Yes,	which one(s): _____					
Do you have to financially support any parents?	<input type="checkbox"/> No <input type="checkbox"/> Yes,	which one(s): _____					
Are there any financial windfalls that we should add to the picture (inheritance, lawsuit, ...)	<input type="checkbox"/> No <input type="checkbox"/> Yes,	explain: _____					

Section 8 – Prioritize your Retirement

Please rank your top three goals and concerns with 1 being the highest.

<u>Goals</u>		<u>Concerns</u>	
Contact	Spouse	Contact	Spouse
_____	_____ Retire Early	_____	_____ Taxes
_____	_____ Create a steady stream of income	_____	_____ Inflation
_____	_____ Go back to school	_____	_____ Market declines
_____	_____ Volunteer	_____	_____ Lack of guaranteed income
_____	_____ Make a major purchase: _____	_____	_____ Supporting a parent and/or adult children
_____	_____ Business transaction and succession	_____	_____ Risk tolerance
_____	_____ Leave a legacy	_____	_____ Increasing medical costs
_____	_____ Travel/Hobbies	_____	_____ Longevity / Outliving assets
_____	_____ Other: _____	_____	_____ Other: _____

Section 9 – Other Questions, Concerns or Goals

Please describe other questions, concerns or goals that you would like addressed during our review and conversations.

Section 10 – Signature

By signing below, you:

- Authorize North Star Advisory Group to review and advise on all information on this form.
- Understand that all financial and health information is confidential and will be treated that way.
- Understand that annual cost of living adjustments will be made at 3%.
- Understand that Required Minimum Distributions will be taken from qualified assets at age 72.
- Understand the analysis will be run past retirement age of the contact (and spouse's), but not past 100.
- Certify that all information provided is correct to the best of your knowledge.
- You can digitally sign this document by typing your name in the field below and returning via your email address that is known by North Star.

SIGN 	Contact's Signature:	Date:

SIGN 	Spouse's Signature:	Date:

Section 11 – Submitting Completed Documents

Confirm you are ready to submit:

- Did you complete all sections?
- Did you print and sign all relevant pages of the form?
- Did you attach any necessary documents?

Submitting your completed documents:

Fax: (216) 202-3456
E-Mail: info@ns-ag.com
Mail: North Star Advisory Group, LLC
 2000 Auburn Drive, Suite 415
 Beachwood, OH 4122