PRE-MEETING DATA COLLECTOR

SILVERCAP WEALTH MANAGEMENT

Instructions: Please complete this form to the best of your knowledge.
Feel free to skip any sections you're unsure of and we'll cover it during our meeting.

(515)225-4141
www.SilvercapWealth.com

NAME ______________________ **D.O.B** ____/____/____

HOME ADDRESS ______________________

CELL PHONE (____) ______________ **EMAIL** ______________________

EMPLOYER ______________ **OCCUPATION** ______________ **EST. ANNUAL INCOME** __________

SPOUSE NAME ______________________ **D.O.B** ____/____/____

HOME ADDRESS ______________________

CELL PHONE (____) ______________ **EMAIL** ______________________

EMPLOYER ______________ **OCCUPATION** ______________ **EST. ANNUAL INCOME** __________

FAMILY DATA

Check all that apply

☐ SON ☐ DAUGHTER ______________ D.O.B ___/___/___ ☐ SINGLE ☐ MARRIED ☐ STUDENT ☐ DIVORCED ☐ EMPLOYED

☐ SON ☐ DAUGHTER ______________ D.O.B ___/___/___ ☐ SINGLE ☐ MARRIED ☐ STUDENT ☐ DIVORCED ☐ EMPLOYED

☐ SON ☐ DAUGHTER ______________ D.O.B ___/___/___ ☐ SINGLE ☐ MARRIED ☐ STUDENT ☐ DIVORCED ☐ EMPLOYED

☐ SON ☐ DAUGHTER ______________ D.O.B ___/___/___ ☐ SINGLE ☐ MARRIED ☐ STUDENT ☐ DIVORCED ☐ EMPLOYED

REAL ESTATE DATA

PRIMARY RESIDENCE: ESTIMATED VALUE __________ DEBT AMOUNT __________ INTEREST RATE: % __________

How much longer do you anticipate living in this home? ______________________

OTHER REAL ESTATE OWNED: ______________________

ESTIMATED VALUE __________ DEBT AMOUNT __________ INTEREST RATE: % __________

INVESTMENT ACCOUNT SUMMARY

ACCOUNT NAME & DESCRIPTION	OWNER	CURRENT VALUE	EST. ANNUAL CONTRIBUTIONS/WITHDRAWALS

Please provide a copy of latest account statement for each account.

FINANCIAL RISK TOLERANCE

☐ Conservative (0-25% Stocks) ☐ Conservative/Moderate (25-40% Stocks) ☐ Moderate (40-60% Stocks)
☐ Moderate/Aggressive (60-80% Stocks) ☐ Aggressive (over 80% stocks)

RETIREMENT PLANNING

☐ I am currently confident with my retirement plan and only interested in Investment Management services.

☐ My retirement plan should be analyzed and maximized for my financial goals.

SOCIAL SECURITY *Please provide a copy of your latest Social Security Estimates (available online at www.ssa.gov/myaccount/)*

☐ Currently Collecting (Amount: $______________month) ☐ Not Collecting Yet (Est. at Full Retirement Age:______________/month)

☐ **SPOUSE** Collecting (Amount: $______________month) ☐ Not Collecting Yet (Est. at Full Retirement Age:______________/month)

OTHER RETIREMENT INCOME

☐ I am not anticipating any pension income.

☐ I am anticipating the following retirement pension(s): ______________________________

LIFE INSURANCE & LONG TERM CARE

☐ My life insurance and/or Long Term Care situation is optimized for my situation and does not need reviewed or updated.

☐ My life insurance and/or Long Term Care situation needs reviewed *(provide current summary or statement)*

TAXES

☐ My tax situation is good and optimized for my situation. ☐ I would like my income taxes reviewed *(please provide copy)*

☐ Current CPA or Tax Preparer: ______________________________

ESTATE PLANNING (WILL & TRUSTS)

☐ My Will and/or Trust are current and do not need reviewed or updated.

☐ My Will and/or Trust needs reviewed or updated.

HOUSEHOLD EXPENSES

☐ Current estimated monthly expenses: ______________________________

☐ Estimated monthly expenses during retirement: ______________________________

☐ Other annual expenses during retirement: ______________________________

What is it that you're looking for *most* from us? ______________________________

____

Primary Financial Goals: ______________________________

Secondary Financial Goals: ______________________________

WHICH OF THESE ITEMS ARE CURRENTLY MOST IMPORTANT TO YOU?

	NOT IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT	NOTES
Retirement Planning	☐	☐	☐	________
Managing Investments	☐	☐	☐	________
Life Insurance Review	☐	☐	☐	________
Long-Term Care	☐	☐	☐	________
Estate Planning	☐	☐	☐	________
Income Tax Planning	☐	☐	☐	________
College Savings Planning	☐	☐	☐	________
Charitable Giving	☐	☐	☐	________
Business Succession	☐	☐	☐	________
Legacy for Children	☐	☐	☐	________

TIME HORIZON: When do you anticipate needing to start taking income from your investment portfolio?
Are there any one-time distributions that you anticipate needing in the next 2-3 years?______________________________

____

____