



Data Request Form

Client(s) _____ Date ____ / ____ / ____

Please provide complete statements, including all pages.

- Cash Flow Worksheet
- Credit Card Statement(s)
- Credit Card Report(s)
- Social Security Benefit Report(s)
- Pension Benefits Information _____
- Bank Statement(s) _____
- Investment Account Statement(s) _____
- Stock Grant Notice & Statement(s) _____
- Retirement Plan Account Statement(s) _____
- Retirement Account Investment Option(s) _____
- Paycheck Stub(s) (with cumulative year to date information) _____
- Employee Benefits Booklet(s) Specifically _____
- Tax Returns for last ____ years
- Insurance Policies Homeowners Life Auto Disability LTC Umbrella
- Declarations Pages Homeowners Life Auto Disability LTC Umbrella
- Loan Documents Home Auto Other _____
- Trust Documents Client 1 Client 2
- Wills Client 1 Client 2
- Confidential Questionnaire
- Other Questionnaire(s) _____
- Consulting Services Agreement
- Other _____
- _____

Return data by: ____ / ____ / 201__
Next appointment: ____ / ____ / 201__
Time _____
Location <input type="checkbox"/> Office
<input type="checkbox"/> Teleconference
<input type="checkbox"/> Other

If sending hardcopy, please mail to the Wheaton office at 511 West Wesley Street, Wheaton, IL 60187. If you prefer to send electronic documents, let me know and I will set you up as a "user" on Egnyte.com. Do not send PDFs of statements via email.