

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 70 ½.
- 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