CLEAR FORM

OJMGROUP

DATA GATHERING FORM

PERSONAL & FAMILY INFORMATION *(Primary & Spouse)*

	NAME	BIRTH DATE	OCCUPATION/SPECIALTY	GROSS INCOME	BONUS
P				$	$
S				$	$

	HOME PHONE	MOBILE PHONE	OFFICE PHONE	FAX NUMBER	EMAIL
P					
S					

	STREET ADDRESS	CITY	STATE	ZIP CODE
HOME				
OFFICE				

CHILD NAME	DATE OF BIRTH	CHILD NAME	DATE OF BIRTH

CONTACT INFORMATION

BEST TIME OF DAY TO REACH YOU	PREFERRED CONTACT METHOD *Home, Mobile or Work Phone, Email*	ASSISTANT'S NAME *If Applicable*

BUSINESS/PRACTICE INFORMATION

BUSINESS/PRACTICE LEGAL NAME	ENTITY TYPE *LLC, Corp., Partnership, Other*	ENTITY TAXATION *S corp, C corp, Partnership, Other*	OWNER OR EMPLOYEE?

NUMBER OF OWNERS	NUMBER OF EMPLOYEES	ACCOUNTS RECEIVABLE	GROSS REVENUE	QUALIFIED PLAN? *If yes, please state the type of plan*	NON-QUALIFIED PLAN? *If yes, please state the type of plan*
		$	$		

ADDITIONAL PERSONAL/BUSINESS/PRACTICE INFORMATION

RETIREMENT INVESTMENT ACCOUNTS

TYPE OF ACCOUNT *Roth, IRA, 401k, Etc.*	ACCOUNT BALANCE	ANNUAL CONTRIBUTION	ACCOUNT OWNER
	$	$	
	$	$	
	$	$	
	$	$	

TAXABLE/BROKERAGE ACCOUNTS

TYPE OF ACCOUNT *Brokerage, Emergency Funds, Savings*	ACCOUNT BALANCE	ANNUAL CONTRIBUTION	HOW ASSET IS HELD *Own Name, Jointly, Living Trust, Other*
	$	$	
	$	$	
	$	$	

EDUCATION ACCOUNTS

TYPE OF ACCOUNT *529, UTMA, IRA, Other*	ACCOUNT BALANCE	ANNUAL CONTRIBUTION	CHILD NAME
	$	$	
	$	$	
	$	$	

ADDITIONAL INVESTMENT, BROKERAGE, EDUCATION ACCOUNT INFORMATION

HOME AND REAL ESTATE HOLDINGS

	PROPERTY ADDRESS *Please indicate primary residence by checking the box to the left of that property.*	FAIR MARKET VALUE	MORTGAGE TYPE *30 Year Fixed, ARM, Other*	INTEREST RATE	MORTGAGE AMOUNT	PROPERTY OWNERSHIP *Self, Joint, Corporate*
☐		$		%	$	
☐		$		%	$	
☐		$		%	$	

ADDITIONAL REAL ESTATE INFORMATION

LIFE INSURANCE

COMPANY	INSURED/ POLICY OWNER	POLICY TYPE *Whole Life, Term, VUL, Other*	POLICY DATE	DEATH BENEFIT	ANNUAL PREMIUM	CASH VALUE
					$	$
					$	$
					$	$

DISABILITY INSURANCE

COMPANY	INSURED/ POLICY OWNER	GROUP OR INDIVIDUAL	POLICY DATE	MONTHLY BENEFIT	ANNUAL PREMIUM
				$	$
				$	$
				$	$

ADDITIONAL LIFE INSURANCE INFORMATION

PRIOR PLANNING

DOCUMENT	YES/NO	YEAR LAST UPDATED
Last Will and Testament(s)		
Irrevocable Life Insurance Trust(s)		
Living Trust(s)		
FLPs/LLCs		

ADDITIONAL PRIOR PLANNING INFORMATION

CONCERNS

	NOT IMPORTANT	SOMEWHAT IMPORTANT	IMPORTANT	VERY IMPORTANT
Minimizing Tax Liabilities				
Investment Advice *(Allocation, Alternatives, Etc.)*				
Planning for Retirement				
Protecting Family Income *(Against Disability, Death, Etc.)*				
Protecting Wealth *(Against Lawsuits, Etc.)*				
Reducing Estate Taxes				

ADDITIONAL INFORMATION

At what age do you plan on retiring?	
How much monthly after-tax income will you need in retirement?	$
Does your employer contribute annually to your retirement? **If yes;** how much?	☐ Yes ☐ No $
During retirement, how much monthly income do you anticipate receiving from social security?	$
During retirement, how much monthly income do you anticipate receiving from employer pension?	$

ADDITIONAL INFORMATION

	NO, I NEED TO PUT AWAY MORE	YES, I'M AT, OR AHEAD OF MY PROJECTED NEED	I HAVE NO IDEA
Are you presently on track for retirement?			

	0-5%	6-7%	8-10%	10%+
Which *Rate of Return* would you consider reasonable for long-term investments?				

	GENERALLY OPTIMISTIC	NEUTRAL	NEGATIVE
My viewpoint on the stock market is:			
My viewpoint on the U.S. economy is:			

WHICH STATEMENT BEST DESCRIBES YOU?	CHECK ONE
I want only common investment techniques that are used by everyone.	
I would be willing to consider less well-known investments/techniques if they are sound and conservative.	
I am most interested in "leading edge" investments/techniques used by the wealthy, if I qualify for them.	

ADDITIONAL INFORMATION NOT ALREADY ADDRESSED

OTHER CONCERNS OR QUESTIONS

****UPON COMPLETION OF THIS FORM, PLEASE SAVE IT TO YOUR COMPUTER AND THEN SUBMIT VIA OUR SECURE FILE UPLOAD AT OJMGROUP.COM (LINK IN LOWER RIGHT CORNER). PLEASE DO NOT EMAIL THIS FORM.**

SAVE NOW