

Data Request Form

G-Squared Advisory LLC

Client Name _____ Date ____/____/____

- Cash Flow Worksheet
- Credit Card Statement(s)
- Credit Card Report(s)
- Social Security Benefit Report(s)
- Pension Benefits Information _____
- Bank Statement(s) _____
- Brokerage Account Statement(s) _____
- Mutual Fund Account 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
- Risk Tolerance Questionnaire
- Other Questionnaire(s) _____
- Service Agreement
- Other _____
- _____
- _____

Return data by: ____/____/20____
Next appointment: ____/____/20____
Time _____
Location <input type="checkbox"/> Office
<input type="checkbox"/> Teleconference
<input type="checkbox"/> Other