



FINANCIAL QUESTIONNAIRE

Client _____

Date Prepared _____

Referred by _____

Fee Payment Schedule Fee \$ _____

Due Dates	Amount
_____	\$ _____ (1/4)
_____	_____ (1/4)
_____	_____ (1/4)
_____	_____ (1/4)

The information collected and maintained in this document will be held in the utmost confidentiality. It will not be shared except as required by law.

The Moneywatch Privacy Policy and Brochure are included at the end of this document

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Your Information

Client 1

Client 2

Last Name	_____	_____
First Name/ Middle Initial	_____	_____
Date of Birth	_____	_____
Social Security Number	_____	_____
Driver's License Number	_____	_____
Driver's License State	_____	_____
Driver's License Expiration Date	_____	_____
Occupation	_____	_____
Name of Employer	_____	_____
Business Phone Number	_____	_____
Business Address	_____	_____
	_____	_____
	_____	_____
FAX Number	_____	_____
Cell Phone Number	_____	_____
Home Phone Number	_____	_____
Email Address	_____	_____
Home Address	_____	_____
	_____	_____
	_____	_____
Previously Married	YES NO	YES NO
How Terminated	DIVORCE DEATH	DIVORCE DEATH
Year Marriage Terminated	_____	_____
Alimony / Child Support	IS PAID IS RECEIVED	IS PAID IS RECEIVED

Children

Name	Birth Date	Sex	Is Child Dependent?	Is Child Married?	Child's Social Security #
_____	_____	M F	YES NO	YES NO	_____
_____	_____	M F	YES NO	YES NO	_____
_____	_____	M F	YES NO	YES NO	_____
_____	_____	M F	YES NO	YES NO	_____
_____	_____	M F	YES NO	YES NO	_____

Current Advisors

	Name	City-State
Attorney	_____	_____
Accountant	_____	_____
Stockbroker	_____	_____
Life Insurance Agent	_____	_____
Other Insurance Agent	_____	_____
Bank	_____	_____

Wills

Date Signed

Client 1

Client 2

Where Stored

Executor Name(s)

Trustee Name(s)

Guardian Name(s)

PLANNING ASSUMPTIONS

A meaningful plan must be based on realistic assumptions about future events, income, expenses, investments, and so forth. As the subject of the plan, you are in the best position to make most of these assumptions. Provide all appropriate information below so we may use it in the careful preparation of your plan.

EXPENSES

Identify all expected special expenses you anticipate over the next five years (exclusive of child education and normal living expenses). Examples might be unusual vacations, weddings, new cars, home remodeling, etc.

Description	Year(s)	Estimated Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you anticipate a significant **increase** or **decrease** in **any** regular living expense during the next five years, indicate the expense, change, and when you expect it to occur:

CREDIT

Existing bank lines of credit:

Bank	Total Borrowed	Total Available	Interest Rate
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

Anticipated need for new or additional borrowing:

Purpose	Amount Needed	When Needed
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Special repayment plans for all debts not being amortized by monthly payments:

Description	Amount	Repayment Plan
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

BANKING

List any special banking relationship(s) that you wish to maintain or establish in the future:

EXTRAORDINARY INCOME

List any special income you expect to receive in the near future such as prizes, inheritance, trust settlements, legal settlements, etc.

Source	Amount	When Expected
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

FAMILY CHANGES

Identify any significant expected change in your family situation in the next five years that may have a significant effect on your finances:

Change

When

EMPLOYMENT/PRACTICE/BUSINESS CHANGES

If you expect significant changes to occur in your employment, professional practice, or business in the next few years, please indicate:

Change

When

RETIREMENT: INCOME AND BENEFITS

Client 1

Client 2

Planned Retirement Age

Typically in retirement, people manage on income that covers from 60% to 75% of pre-retirement expenses and taxes. Generally, those with higher pre-retirement income require a smaller percentage after retirement. MONEYWATCH will assume a figure in the indicated range unless you indicate a specific objective below:

Specific Retirement Objective (as a percent of pre-retirement expenses and taxes) _____%

Client 1

Client 2

Employer Retirement income benefit at age 55

\$ _____

\$ _____

Employer Retirement income benefit at age 60

\$ _____

\$ _____

Employer Retirement income benefit at age 65

\$ _____

\$ _____

SURVIVOR: NEED, INCOME AND BENEFITS

Typically, a surviving spouse requires from 50% to 80% of current family expenses and taxes. Generally, additional income is required during child-raising years. Unless you indicate a specific objective, we will assume a survivor income need consistent with your family situation.

Specific survivor objective (as a percent of current expenses and taxes) _____%

Monthly Income

Estimated spouse salary (children at home)

\$ _____

Estimated spouse salary (children gone, up to retirement)

\$ _____

Assumed salary increase rate

\$ _____

Employer plan income for surviving spouse

\$ _____

Employer retirement plan lump sum death benefit

\$ _____

Other consistent survivor income (pension, trusts, etc.)

\$ _____

OTHER COMMENTS (to help us plan realistically):

TOTAL ASSETS

Please list all Checking / Savings / Credit Union / Mutual Funds / Stocks / Bonds / CD's / Money Market Funds / Retirement Accounts:

Description (1,2,5)	Amount	Owner (3)	Date Purchased	Total Cost	Current Value	Current Yield (4)
Checking Account	\$ _____	_____	_____	\$ _____	\$ _____	_____
Savings Account	\$ _____	_____	_____	\$ _____	\$ _____	_____
Credit Union Account	\$ _____	_____	_____	\$ _____	\$ _____	_____
Insurance Cash Values	\$ _____	_____	_____	\$ _____	\$ _____	_____
Residence	\$ _____	_____	_____	\$ _____	\$ _____	_____
Auto	\$ _____	_____	_____	\$ _____	\$ _____	_____
Auto	\$ _____	_____	_____	\$ _____	\$ _____	_____
Personal Property	\$ _____	_____	_____	\$ _____	\$ _____	_____
Jewelry	\$ _____	_____	_____	\$ _____	\$ _____	_____
Art/Antiques/Rugs/etc.	\$ _____	_____	_____	\$ _____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	\$ _____	_____

- (1)Include the coupon or interest rates & maturity dates for CD's and bonds.
- (2)Indicate if the asset is a retirement IRA, TSA, SEP, 401(k), 403(b), etc.
- (3)Indicate whether owned by Client (1), Client (2), or (J)oint.
- (4)For CD's, bonds, annuities, savings & credit union accounts.
- (5)Please include statements from investment companies.

TOTAL ASSETS..... \$ _____

TOTAL LIABILITIES

Description	Owner	Monthly Payment	Interest Rate	Term	Current Balance
Home Mortgage	_____	\$ _____	_____	_____	\$ _____
Other Mortgage	_____	\$ _____	_____	_____	\$ _____
Other Mortgage	_____	\$ _____	_____	_____	\$ _____
Auto Loan	_____	\$ _____	_____	_____	\$ _____
Auto Loan	_____	\$ _____	_____	_____	\$ _____
Personal Loan	_____	\$ _____	_____	_____	\$ _____
Personal Loan	_____	\$ _____	_____	_____	\$ _____
Credit Line Loan	_____	\$ _____	_____	_____	\$ _____
Credit Union Loan	_____	\$ _____	_____	_____	\$ _____
Charge Card(s)	_____	\$ _____	_____	_____	\$ _____
Insurance Cash Value Loan	_____	\$ _____	_____	_____	\$ _____
Extraordinary tax Liability	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

TOTAL LIABILITIES..... \$ _____

ESTIMATED NET WORTH (TOTAL ASSETS LESS TOTAL LIABILITIES)..... \$ _____

ANNUAL INCOME

	Client 1	Client 2	Annual Rate of Increase
Salary	\$ _____	\$ _____	_____
Bonuses	\$ _____	\$ _____	_____
Self-Employment	\$ _____	\$ _____	_____
Pension	\$ _____	\$ _____	_____
Social Security	\$ _____	\$ _____	_____
Alimony/Child Support	\$ _____	\$ _____	_____
Trusts, etc.	\$ _____	\$ _____	_____
Royalties, Fees, etc.	\$ _____	\$ _____	_____
Gross Income from Rentals	\$ _____	\$ _____	_____
Other (specify) _____	\$ _____	\$ _____	_____
Other (specify) _____	\$ _____	\$ _____	_____

ANNUAL EXPENSES

(A survey of check stubs for the past 12 months may be the best source for these.)

Mortgage (principal and interest only)	\$ _____	Contributions to charities	\$ _____
Rent	\$ _____	Vacations	\$ _____
Property Taxes (real/personal)	\$ _____	Travel	\$ _____
Food (at home and dining out)	\$ _____	Home improvements	\$ _____
Utilities (gas/electric/water)	\$ _____	Non-reimbursed business expense	\$ _____
Telephone	\$ _____	Education (see also page 9)	\$ _____
Autos (gas & maintenance)	\$ _____	Child support	\$ _____
Household (help & maintenance)	\$ _____	Child care	\$ _____
Non-reimbursed medical expenses	\$ _____	Alimony	\$ _____
Clothing (including care)	\$ _____	Rental property expenses	\$ _____
Personal Care	\$ _____	Insurance premiums	\$ _____
Entertainment	\$ _____	Other _____	\$ _____
Recreation	\$ _____	Other _____	\$ _____
Gifts to family & friends	\$ _____	Other _____	\$ _____

ANNUAL SAVINGS & INVESTMENTS

Payroll Deductions (as a % of gross salary):

	Personal Contributions		Employer Contributions	
	Client 1	Client 2	Client 1	Client 2
Retirement contributions	_____ %	_____ %	_____ %	_____ %
Tax-deferred savings (401k, 403b, etc.)	_____ %	_____ %	_____ %	_____ %

YOUR INSURANCE

The following information is needed to analyze your cash flow, net worth, and survivor income. If you agree and provide copies of your various policies, we will arrange for an evaluation by an appropriate insurance firm to evaluate the adequacy of various coverages and cost levels in an effort to secure better cost/benefit, if possible.

LIFE INSURANCE

Insured/Owner	Beneficiary	Type	Death Value	Annual Premium	Cash Value	Current Loan	Insurance Company
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____

YOUR INSURABILITY

In the event the client(s) need to purchase or exercise options for additional life insurance, are there any medical problems or history that might cause underwriting problems? If the answer is YES, please describe (for married couples, indicate whether the condition applies to the husband or the wife).

Do you smoke? Client 1 YES NO Client 2 YES NO

Have you or any family members had an automobile accident or moving violation in the last three years? If YES, please describe:

YOUR ADDITIONAL LIFETIME OBJECTIVES REQUIRING FUNDING

PRE-COLLEGE EDUCATION (Private Schools - Elementary & Secondary)

Name of child	Will Attend School at	Annual Cost	Years to Go
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COLLEGE EDUCATION FOR YOUR CHILDREN

Name of Child	Type (Public or Private)	Start Year	No. of Years	Cost (Estimated)	Have Existing Custodial Assets?	Assets Value
_____	_____	_____	_____	\$ _____	<u>YES</u> <u>NO</u>	\$ _____
_____	_____	_____	_____	\$ _____	<u>YES</u> <u>NO</u>	\$ _____
_____	_____	_____	_____	\$ _____	<u>YES</u> <u>NO</u>	\$ _____

OTHER FAMILY EDUCATION NEEDS (If YES, please explain and include estimated cost)

OTHER FINANCIAL DEPENDENTS

Name	Age	Relation	Estimated Cost	Estimated Period	Funding Plan
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HOW TO GET THE MOST FROM WORKING WITH MONEYWATCH ADVISORS

Although we provide you with a questionnaire form on which to record the information we use in building your plan, much of what we need in order to do the best job for you is contained in supplemental materials you must provide. The following checklist can serve as a reminder to ensure that all of the proper documents and data are on hand and can be given to us on a temporary basis to use in preparing your plan:

- Federal and state income tax returns for the past several years (include corporate returns, if any).
- Two or three recent pay stubs containing information on all deductions and taxes withheld.
- A recent employer benefits statement.
- Complete data on businesses owned.
- Individual and business financial statements.
- Wills, trust agreements, and divorce settlement agreements related to testamentary disposition.
- Data on real estate owned (individually or corporate), including location, date purchased, cost basis, estimated current fair market value, and reason for owning.
- Pension plans, deferred compensation plans, and group insurance plans.
- Life insurance policies and disability income policies -- individual and/or corporate.
- Property and casualty policies -- individual and/or corporate.

In preparing your questionnaire, it is vitally important that the information be complete and accurate. Special importance should be placed upon:

- The breakdown of client and spouse income from all sources.
- All expenses as listed on the questionnaire.
- The assets owned and all pertinent data relating to them.
- Repayment provisions on liabilities (balance of loan, term, interest rate, payment amount, and payment schedule).