



## 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

Home Address

e-mail address

Previously Married

YES NO

How Terminated

DIVORCE ☐ DEATH ☐

Year Marriage Terminated

Alimony/ Child Support

IS PAID ☐ IS RECEIVED ☐

YES NO

DIVORCE ☐ DEATH ☐IS PAID ☐ IS RECEIVED ☐**Children**  
Name

Birth Date

Sex

Dependent?

Married?

Social Security #

M ☐ F ☐Y ☐ N ☐Y ☐ N ☐M ☐ F ☐Y ☐ N ☐Y ☐ N ☐M ☐ F ☐Y ☐ N ☐Y ☐ N ☐M ☐ F ☐Y ☐ N ☐Y ☐ N ☐Please sign up for online communication and statement delivery from Moneywatch Advisors 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.

<b>Description</b>	<b>Year(s)</b>	<b>Estimated Cost</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

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**CREDIT**

Existing bank lines of credit:

<b>Bank</b>	<b>Total Borrowed</b>	<b>Total Available</b>	<b>Interest Rate</b>
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %

Anticipated need for new or additional borrowing:

<b>Purpose</b>	<b>Amount Needed</b>	<b>When Needed</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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

<b>Description</b>	<b>Amount</b>	<b>Repayment Plan</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**BANKING**

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

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**EXTRAORDINARY INCOME**

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

<b>Source</b>	<b>Amount</b>	<b>When Expected</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## 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
<hr/>	<hr/>
<hr/>	<hr/>

## 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
<hr/>	<hr/>
<hr/>	<hr/>

## RETIREMENT: INCOME AND BENEFITS

	Client 1	Client 2
<b>Planned Retirement Age</b>	<hr/>	<hr/>

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) 

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	Client 1	Client 2
Employer Retirement income benefit at age 55	\$ <hr/>	\$ <hr/>
Employer Retirement income benefit at age 60	\$ <hr/>	\$ <hr/>
Employer Retirement income benefit at age 65	\$ <hr/>	\$ <hr/>

## 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) 

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	Monthly Income
Estimated spouse salary (children at home)	\$ <hr/>
Estimated spouse salary (children gone, up to retirement)	\$ <hr/>
Assumed salary increase rate	\$ <hr/>
Employer plan income for surviving spouse	\$ <hr/>
Employer retirement plan lump sum death benefit	\$ <hr/>
Other consistent survivor income (pension, trusts, etc.)	\$ <hr/>

## OTHER COMMENTS (to help us plan realistically):

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## 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**

	<b>Client 1</b>	<b>Client 2</b>	<b>Annual Rate of Increase</b>
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):**

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

**Please provide online access for these accounts (401k, 403b, myUK, etc):**

Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

## 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).

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

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### 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)

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#### 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).**