



## FINANCIAL QUESTIONNAIRE

Client \_\_\_\_\_

Date Prepared \_\_\_\_\_

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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# moneywatch

## ADVISORS

Your Information

Client 1

Client 2

Last Name	_____	_____
First Name/ Middle Name	_____	_____
Date of Birth	_____	_____
Social Security Number	_____	_____
Home Address	_____	_____
	_____	_____
Home Phone Number	_____	_____
Cell Phone Number	_____	_____
E-mail address	_____	_____

Communications will default to online delivery unless otherwise specified below.

I prefer mail correspondence      Mail

Occupation	_____	_____
Name of Employer	_____	_____
Business Phone Number	_____	_____
Business Address	_____	_____
	_____	_____
Emergency Contact	_____	_____
Emergency Contact Phone	_____	_____

US Citizen	YES	NO	YES	NO
Previously Married	YES	NO	YES	NO

<u>Children</u> Name	Birth Date	Sex	Dependent?	Married?	Social Security #
_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____
_____	_____	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	_____



Below is a checklist of what we need from you to complete your plan.

The reason we need so much information is because the purpose of the financial plan is to help you build a scenario where you know your various income sources – social security, your retirement plans, other investments, etc. - will generate enough income to sustain your desired standard of living for the rest of your life. The only way to develop a comprehensive financial plan is to start with your entire financial picture as it stands today.

Here is a checklist of what we need in order to begin developing your financial plan:

1. Income:
  - Paystubs;
  - Most recent tax return;
2. Expenses: See the 2<sup>nd</sup> page or provide printout.
3. Assets:
  - Value of vehicles;
  - Value of home;
  - Value of any other property – rental property, etc.;
4. Liabilities:
  - Home mortgage detail – original amount, term, interest rate, outstanding balance;
  - Homeowner’s insurance and taxes per year;
  - Vehicle loan detail – original amount, term, interest rate, outstanding balance;
  - Other debts;
5. Financial Assets:
  - Checking and any savings account balances and voided check
  - Retirement account log-in info – 403(b) and/or 457(b), 401K etc;
  - Log-in info for other investment accounts you may have;
  - Insurance; Life, Auto and Home
  - Estate Documents; Power of Attorney, Wills and Medical Directives

You can either complete the info on this page and provide the necessary documents or send it through the “Send Secure Files” link on the home page of our website where you can answer the questions and load any documents that we need.



ANNUAL EXPENSES

(You may also establish a Mint account and link the checking/savings account from which bills are paid and we will determine your expenses for you)

<b>MORTGAGE (P&amp;I ONLY)</b>	<b>\$</b>		<b>CONTRIBUTIONS TO CHARITIES</b>	<b>\$</b>
<b>HOME PROPERTY TAX</b>	<b>\$</b>		<b>VACATIONS</b>	<b>\$</b>
<b>VEHICLE TAX</b>	<b>\$</b>		<b>CABLE/APPLE TV, ETC.</b>	<b>\$</b>
<b>UTILITIES (GAS/ELECTRIC/WATER)</b>	<b>\$</b>		<b>LIFE INSURANCE PREMIUM</b>	<b>\$</b>
<b>PHONE</b>	<b>\$</b>		<b>NON-REIMBURSED BUSINESS EXPENSE</b>	<b>\$</b>
<b>AUTOS (GAS &amp; MAINTENANCE)</b>	<b>\$</b>		<b>SCHOOL TUITION</b>	<b>\$</b>
<b>HOUSEHOLD (HELP &amp; MAINTENANCE)</b>	<b>\$</b>		<b>CHILD SUPPORT</b>	<b>\$</b>
<b>NON-REIMBURSED MEDICAL EXPENSES</b>	<b>\$</b>		<b>CHILD CARE</b>	<b>\$</b>
<b>CLOTHING (INCLUDING CARE)</b>	<b>\$</b>		<b>DINING OUT</b>	<b>\$</b>
<b>PERSONAL CARE</b>	<b>\$</b>		<b>HOMEOWNERS INSURANCE</b>	<b>\$</b>
<b>ENTERTAINMENT</b>	<b>\$</b>		<b>CAR INSURANCE</b>	<b>\$</b>
<b>RECREATION</b>	<b>\$</b>		<b>OTHER</b>	<b>\$</b>
<b>GIFTS TO FAMILY &amp; FRIENDS</b>	<b>\$</b>		<b>OTHER</b>	<b>\$</b>
			<b>OTHER</b>	<b>\$</b>