

## FINANCIAL MANAGEMENT QUESTIONNAIRE

This information will be used to prepare an individual report assessing your current financial needs. Your responses will not be sold or shared with any unaffiliated parties.

### STEP #1

Please complete the following forms, including as much information as possible. Please complete only the items that apply to your situation.

### STEP #2

Using the following check-list, **include copies of all documents:**

- Business documents (*buy/sell agreements, approximate business value*)
- Children's assets or UGMAs (*most recent statements*)
- Copies of Current Driver's license(s)
- Copy of Monthly Budget
- Employee benefits booklets
- Financial statement (*most recent statements*)
- Insurance policies (*life, health, disability, long-term care, etc.*)
- K-1s for limited partnership interests
- Loan Information (*auto, credit card and lines of credit – most recent statements*)
- Mortgage information for home, property & business
- Recent Pay stub
- Retirement Plans (*pension, IRAs, KEOGH, 401(k)*)
- Statements for invested money\* (*most recent statements of: Stocks, bonds, mutual funds, limited partnership*  
*\*Please include the cost basis for each investment – the cost basis is necessary to determine the value of your investment.*)
- Tax returns - last two years, Federal and State (*personal, corporation, partnership*)
- Trust agreements
- Wills
- Social Security Statement (*You can create a profile and print a copy at <https://www.ssa.gov/myaccount/>*)

### STEP #3

- Return to: **Mowatt Financial Inc.**  
**383 Inverness Parkway, Suite 400**  
**Englewood, CO 80112**
- If you have any questions, please do not hesitate to contact our office at 303-843-9500.

CLIENT

FIRST NAME M.I. LAST NAME NICKNAME
HOME PHONE HOME FAX CELL PHONE
ADDRESS CITY ST ZIP CODE
DATE OF BIRTH MARITAL STATUS
DRIVER'S LICENSE - ATTACH COPY EMAIL CITIZENSHIP
PREFERRED MAILING ADDRESS: HOME WORK P.O.BOX
EMPLOYER/OCCUPATION
WORK ADDRESS CITY ST ZIP CODE
WORK PHONE NUMBER WORK FAX NUMBER
MOTHER'S MAIDEN NAME

SPOUSE

FIRST NAME M.I. LAST NAME NICKNAME
HOME PHONE HOME FAX CELL PHONE
ADDRESS CITY ST ZIP CODE
DATE OF BIRTH MARITAL STATUS
DRIVER'S LICENSE - ATTACH COPY EMAIL CITIZENSHIP
PREFERRED MAILING ADDRESS: HOME WORK P.O.BOX
EMPLOYER/OCCUPATION
WORK ADDRESS CITY ST ZIP CODE
WORK PHONE NUMBER WORK FAX NUMBER
MOTHER'S MAIDEN NAME

DEPENDANTS

FIRST NAME M.I. LAST NAME
Date of Birth
CURRENT ASSETS
FIRST NAME M.I. LAST NAME
Date of Birth
CURRENT ASSETS

PLAN INFORMATION

FILING STATUS TAX BRACKET MONTHLY RETIREMENT NEEDS \$
CLIENT'S DESIRED RETIREMENT AGE SPOUSE DESIRED RETIREMENT AGE
DO YOU EXPECT TO GET THE MAXIMUM SOCIAL SECURITY? YES/NO
ARE YOU A DEFENDANT IN ANY LAWSUIT? YES/NO
DO YOU HAVE ANY PAST BANKRUPTCY? YES/NO

IMPORTANT INDIVIDUALS

Accountant, Attorney, Executor of Wills, Children's Guardian

NAME OF ACCOUNTANT FIRM
WORK ADDRESS CITY ST ZIP CODE
WORK PHONE NUMBER WORK FAX NUMBER
NAME OF ATTORNEY FIRM
WORK ADDRESS CITY ST ZIP CODE
WORK PHONE NUMBER WORK FAX NUMBER
NAME OF EXECUTOR OF WILLS FIRM
WORK ADDRESS CITY ST ZIP CODE
WORK PHONE NUMBER WORK FAX NUMBER
NAME OF CHILDREN'S GUARDIAN
WORK ADDRESS CITY ST ZIP CODE

**GOALS & OBJECTIVES**

**OBJECTIVE:** (CHOOSE ONLY ONE):  INCOME  GROWTH  TOTAL RETURN

**INVESTMENT EXPERIENCE** (YEARS):

\_\_\_\_\_ EQUITIES                      \_\_\_\_\_ DIRECT PARTICIPATION PROGRAMS  
 \_\_\_\_\_ FIXED INCOME            \_\_\_\_\_ REITS  
 \_\_\_\_\_ OPTIONS                      \_\_\_\_\_ ANNUITIES  
 \_\_\_\_\_ MUTUAL FUNDS              \_\_\_\_\_ REAL ESTATE

**TOLERANCE:** (CHOOSE ONLY ONE)

CONSERVATIVE  
 MODERATE  
 AGGRESSIVE

**INCOME INFORMATION**

SOURCE	SALARY/BONUS/DIVIDEND	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BANK / CASH ASSETS**  
*Savings, Checking, Certificates Of Deposit, Money Markets*

BANK \_\_\_\_\_ ACCOUNT ID \_\_\_\_\_  
 CURRENT BALANCE \_\_\_\_\_ DATE OPENED \_\_\_\_\_  
 TYPE OF ACCOUNT  CHECK  SAVINGS  MONEY MARKET  CD  OTHER \_\_\_\_\_  
 OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER \_\_\_\_\_  
 ACCUMULATE FOR RETIREMENT FUNDING?  YES/ NO

BANK \_\_\_\_\_ ACCOUNT ID \_\_\_\_\_  
 CURRENT BALANCE \_\_\_\_\_ DATE OPENED \_\_\_\_\_  
 TYPE OF ACCOUNT  CHECK  SAVINGS  MONEY MARKET  CD  OTHER \_\_\_\_\_  
 OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER \_\_\_\_\_  
 ACCUMULATE FOR RETIREMENT FUNDING?  YES/ NO

BANK \_\_\_\_\_ ACCOUNT ID \_\_\_\_\_  
 CURRENT BALANCE \_\_\_\_\_ DATE OPENED \_\_\_\_\_  
 TYPE OF ACCOUNT  CHECK  SAVINGS  MONEY MARKET  CD  OTHER \_\_\_\_\_  
 OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER \_\_\_\_\_  
 ACCUMULATE FOR RETIREMENT FUNDING?  YES/ NO

BANK \_\_\_\_\_ ACCOUNT ID \_\_\_\_\_  
 CURRENT BALANCE \_\_\_\_\_ DATE OPENED \_\_\_\_\_  
 TYPE OF ACCOUNT  CHECK  SAVINGS  MONEY MARKET  CD  OTHER \_\_\_\_\_  
 OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER \_\_\_\_\_  
 ACCUMULATE FOR RETIREMENT FUNDING?  YES/ NO

**SECURITIES INFORMATION**  
*Stocks, Mutual Funds, Bonds*

DESCRIPTION/ FIRM \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_  
 ACCOUNT NUMBER \_\_\_\_\_  
 OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER  STATEMENT ATTACHED

DESCRIPTION/ FIRM \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_  
 ACCOUNT NUMBER \_\_\_\_\_  
 OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER  STATEMENT ATTACHED

DESCRIPTION/ FIRM \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_  
 ACCOUNT NUMBER \_\_\_\_\_  
 OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER  STATEMENT ATTACHED

DESCRIPTION/ FIRM \_\_\_\_\_ ACCOUNT TYPE \_\_\_\_\_  
 ACCOUNT NUMBER \_\_\_\_\_  
 OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER  STATEMENT ATTACHED

**REAL ESTATE**

ADDRESS \_\_\_\_\_  
TYPE  RESIDENCE  VACATION  INVESTMENT  OTHER \_\_\_\_\_  
CURRENT VALUE \_\_\_\_\_ INTEREST RATE \_\_\_\_\_ PAYMENT AMOUNT \_\_\_\_\_  
MORTGAGE BALANCE \_\_\_\_\_ PURCHASE COST \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_  
ORIGINAL LOAN \_\_\_\_\_ PERIOD/ LOAN TYPE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
TYPE  RESIDENCE  VACATION  INVESTMENT  OTHER \_\_\_\_\_  
CURRENT VALUE \_\_\_\_\_ INTEREST RATE \_\_\_\_\_ PAYMENT AMOUNT \_\_\_\_\_  
MORTGAGE BALANCE \_\_\_\_\_ PURCHASE COST \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_  
ORIGINAL LOAN \_\_\_\_\_ PERIOD/ LOAN TYPE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
TYPE  RESIDENCE  VACATION  INVESTMENT  OTHER \_\_\_\_\_  
CURRENT VALUE \_\_\_\_\_ INTEREST RATE \_\_\_\_\_ PAYMENT AMOUNT \_\_\_\_\_  
MORTGAGE BALANCE \_\_\_\_\_ PURCHASE COST \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_

**LIMITED PARTNERSHIP/ BUSINESS INTERESTS**

DESCRIPTION \_\_\_\_\_ ACCOUNT ID \_\_\_\_\_  
OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER \_\_\_\_\_  
ACCUMULATE FOR RETIREMENT FUNDING?  YES/ NO  
UNITS PURCHASED \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_ CURRENT VALUE \_\_\_\_\_ COST/UNIT \_\_\_\_\_

DESCRIPTION \_\_\_\_\_ ACCOUNT ID \_\_\_\_\_  
OWNERSHIP  CLIENT  SPOUSE  JOINT  CHILD  OTHER \_\_\_\_\_  
ACCUMULATE FOR RETIREMENT FUNDING?  YES/ NO  
UNITS PURCHASED \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_ CURRENT VALUE \_\_\_\_\_ COST/UNIT \_\_\_\_\_

**LIFE INSURANCE**

IN THE EVENT OF YOUR DEATH, WHAT IS THE TOTAL MONTHLY INCOME NEEDED FOR YOUR FAMILY? \_\_\_\_\_  
IN THE EVENT OF YOUR SPOUSE'S DEATH, WHAT IS THE TOTAL MONTHLY INCOME NEEDED FOR YOUR FAMILY? \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE \_\_\_\_\_  
INSURED \_\_\_\_\_ BENEFICIARY \_\_\_\_\_ POLICY DATE \_\_\_\_\_  
CASH VALUE \_\_\_\_\_ FACE VALUE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_ PAYMENT INTERVAL \_\_\_\_\_  
LOAN AMOUNT \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE \_\_\_\_\_  
INSURED \_\_\_\_\_ BENEFICIARY \_\_\_\_\_ POLICY DATE \_\_\_\_\_  
CASH VALUE \_\_\_\_\_ FACE VALUE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_ PAYMENT INTERVAL \_\_\_\_\_  
LOAN AMOUNT \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE \_\_\_\_\_  
INSURED \_\_\_\_\_ BENEFICIARY \_\_\_\_\_ POLICY DATE \_\_\_\_\_  
CASH VALUE \_\_\_\_\_ FACE VALUE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_ PAYMENT INTERVAL \_\_\_\_\_  
LOAN AMOUNT \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE \_\_\_\_\_  
INSURED \_\_\_\_\_ BENEFICIARY \_\_\_\_\_ POLICY DATE \_\_\_\_\_  
CASH VALUE \_\_\_\_\_ FACE VALUE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_ PAYMENT INTERVAL \_\_\_\_\_  
LOAN AMOUNT \_\_\_\_\_

**\*PLEASE PROVIDE A COPY OF ALL CURRENT POLICIES , ALONG WITH A CURRENT STATEMENT**

**DISABILITY  
INSURANCE**

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE \_\_\_\_\_  
INSURED \_\_\_\_\_ OWNER \_\_\_\_\_ PAYOR \_\_\_\_\_  
WAITING PERIOD \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_ MONTHLY BENEFIT \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE \_\_\_\_\_  
INSURED \_\_\_\_\_ OWNER \_\_\_\_\_ PAYOR \_\_\_\_\_  
WAITING PERIOD \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_ MONTHLY BENEFIT \_\_\_\_\_

**HEALTH  
INSURANCE**

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE \_\_\_\_\_  
COVERAGE \$ \_\_\_\_\_ PERCENTAGE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_  
DEPENDENT COVERAGE \_\_\_\_\_ DENTAL COVERAGE \_\_\_\_\_ VISION COVERAGE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE \_\_\_\_\_  
COVERAGE \$ \_\_\_\_\_ PERCENTAGE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_  
DEPENDANT COVERAGE \_\_\_\_\_ DENTAL COVERAGE \_\_\_\_\_ VISION COVERAGE \_\_\_\_\_

**LONG TERM  
CARE  
INSURANCE**

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE  GROUP  INDIVIDUAL  OTHER \_\_\_\_\_  
EFFECTIVE DATE \_\_\_\_\_ PREMIUM DATE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_  
DEPENDANT AMOUNT \_\_\_\_\_ PER PERSON LIMIT \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ CARRIER \_\_\_\_\_ POLICY TYPE  GROUP  INDIVIDUAL  OTHER \_\_\_\_\_  
EFFECTIVE DATE \_\_\_\_\_ PREMIUM DATE \_\_\_\_\_ PREMIUM AMOUNT \_\_\_\_\_  
DEPENDANT AMOUNT \_\_\_\_\_ PER PERSON LIMIT \_\_\_\_\_

**ALL  
ADDITIONAL  
INSURANCE  
INFORMAITON**

**\*PLEASE PROVIDE A COPY OF ALL CURRENT POLICIES , ALONG WITH A CURRENT STATEMENT**

**PENSION &  
RETIREMENT  
PLANS**

DESCRIPTION \_\_\_\_\_ TYPE  401K  PSP  KEOGH  IRA  SEP  PENSION  MILITARY  OTHER \_\_\_\_\_  
OWNERSHIP CLIENT SPOUSE OTHER \_\_\_\_\_ BASE COST \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_  
VALUE \_\_\_\_\_ DATE/AGE AVAILABLE \_\_\_\_\_ HOW ARE BENEFITS RECEIVED?  MONTHLY  ANNUALLY  LUMP SUM  
OTHER INFORMATION \_\_\_\_\_

DESCRIPTION \_\_\_\_\_ TYPE  401K  PSP  KEOGH  IRA  SEP  PENSION  MILITARY  OTHER \_\_\_\_\_  
OWNERSHIP CLIENT SPOUSE OTHER \_\_\_\_\_ BASE COST \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_  
VALUE \_\_\_\_\_ DATE/AGE AVAILABLE \_\_\_\_\_ HOW ARE BENEFITS RECEIVED?  MONTHLY  ANNUALLY  LUMP SUM  
OTHER INFORMATION \_\_\_\_\_

DESCRIPTION \_\_\_\_\_ TYPE  401K  PSP  KEOGH  IRA  SEP  PENSION  MILITARY  OTHER \_\_\_\_\_  
OWNERSHIP CLIENT SPOUSE OTHER \_\_\_\_\_ BASE COST \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_  
VALUE \_\_\_\_\_ DATE/AGE AVAILABLE \_\_\_\_\_ HOW ARE BENEFITS RECEIVED?  MONTHLY  ANNUALLY  LUMP SUM  
OTHER INFORMATION \_\_\_\_\_

**BUSINESS /  
MISC. NOTES  
PAYABLE TO  
CLIENT**

NAME ON NOTE: \_\_\_\_\_  
DATE NOTE WAS ISSUED: \_\_\_\_\_ DATE NOTE DUE: \_\_\_\_\_  
NOTE PAYMENT: \_\_\_\_\_  PER MONTH  PER QUARTER  PER YEAR  
NOTE INTEREST: \_\_\_\_\_ LENGTH OF TERM: \_\_\_\_\_ PRINCIPLE BALANCE: \_\_\_\_\_

**VEHICLES**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_  
PURCHASE DATE \_\_\_\_\_ PURCHASE COST \_\_\_\_\_ MONTHLY PAYMENT AMOUNT \_\_\_\_\_  
TOTAL BALANCE OWED ON VEHICLE \_\_\_\_\_ CURRENT VALUE \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_  
PURCHASE DATE \_\_\_\_\_ PURCHASE COST \_\_\_\_\_ MONTHLY PAYMENT AMOUNT \_\_\_\_\_  
TOTAL BALANCE OWED ON VEHICLE \_\_\_\_\_ CURRENT VALUE \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_  
PURCHASE DATE \_\_\_\_\_ PURCHASE COST \_\_\_\_\_ MONTHLY PAYMENT AMOUNT \_\_\_\_\_  
TOTAL BALANCE OWED ON VEHICLE \_\_\_\_\_ CURRENT VALUE \_\_\_\_\_

**OTHER  
INFORMATION**

**\*Please list any credit cards, lines of credit, and 401(k) loans and the current balances below:**

\_\_\_\_\_ BALANCE \_\_\_\_\_  
\_\_\_\_\_ BALANCE \_\_\_\_\_  
\_\_\_\_\_ BALANCE \_\_\_\_\_  
\_\_\_\_\_ BALANCE \_\_\_\_\_  
\_\_\_\_\_ BALANCE \_\_\_\_\_

# Monthly Budget Worksheet

Complete worksheet using your last month's activity

<b>CLIENT NAME:</b>	
<b>HOUSING</b>	Monthly Amount
Mortgage or rent	
Phone	
Electricity	
Gas	
Water and sewer	
Cable	
Waste removal	
Maintenance or repairs	
Supplies	
Other	
<b>Subtotal:</b>	

<b>TRANSPORTATION</b>	Monthly Amount
Vehicle payment	
Bus/taxi fare	
Insurance	
Licensing	
Fuel	
Maintenance	
Other	
<b>Subtotal:</b>	

<b>INSURANCE</b>	Monthly Amount
Home	
Health	
Life	
<b>Subtotal:</b>	

<b>FOOD</b>	Monthly Amount
Groceries	
Dining out	
Other	
<b>Subtotal:</b>	

Income	
Spouse Income	
Additional Income	
<b>Household monthly Income total:</b>	
<b>ENTERTAINMENT</b>	Monthly Amount
Video/DVD	
CDs	
Movies	
Concerts	
Sporting events	
Live theater	
Other	
Other	
Other	
<b>Subtotal:</b>	

<b>LOANS</b>	Monthly Amount
Personal	
Student	
Credit card	
Credit card	
Credit card	
Other	
<b>Subtotal:</b>	

<b>TAXES</b>	Monthly Amount
Federal	
State	
Local	
Other	
<b>Subtotal:</b>	

<b>SAVINGS OR INVESTMENTS</b>	Monthly Amount
Retirement account	
Investment account	
Other	
<b>Subtotal:</b>	

<b>PETS</b>	Monthly Amount
Food	
Medical	
Grooming	
Toys	
Other	
<b>Subtotal:</b>	

<b>PERSONAL CARE</b>	Monthly Amount
Medical	
Hair/nails	
Clothing	
Dry cleaning	
Health club	
Organization dues or fees	
Other	
<b>Subtotal:</b>	

<b>GIFTS AND DONATIONS</b>	Monthly Amount
Charity 1	
Charity 2	
Charity 3	
<b>Subtotal:</b>	

<b>LEGAL</b>	Monthly Amount
Attorney	
Alimony	
Payments on lien or judgment	
Other	
<b>Subtotal:</b>	

<b>OTHER (MISC)</b>	Monthly Amount
<b>Subtotal:</b>	

<b>TOTAL MONTHLY EXPENSES:</b>	
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<b>TOTAL BALANCE: (income minus expenses)</b>	
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