

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, please **include copies of all documents**. If possible, please send these documents electronically to: info@mowattfinancial.com

- Business documents (*buy/sell agreements, approximate business value*)
- Children's assets or UGMAs (*most recent statements*)
- Copies of Current Driver's license(s)
- Employee benefits booklets & annual print out of your current benefits/notice of benefit elections
- 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

STEP #3

- Attach the initial plan set-up fee in the amount of **\$500.00** as well as the **signed advisory agreement** indicating the level of service you wish to receive.
- Make check payable to: **Mowatt Financial Inc**
12451 Twineagles Blvd.
Naples, FL 34120
- If you have any questions, please do not hesitate to contact our office at (303) 503-6061

CLIENT

FIRST NAME _____ M.I. _____ LAST NAME _____ NICKNAME _____

HOME PHONE (____) _____ - _____ HOME FAX (____) _____ - _____ CELL PHONE (____) _____ - _____ M/F

ADDRESS _____ CITY _____ ST _____ ZIP CODE _____

SOCIAL SECURITY NO. _____ - _____ - _____ 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 (____) _____ - _____ M/F

ADDRESS _____ CITY _____ ST _____ ZIP CODE _____

SOCIAL SECURITY NO. _____ - _____ - _____ 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 _____ M/F

SOCIAL SECURITY NO. _____ - _____ - _____ DATE OF BIRTH ____/____/____

CURRENT ASSETS _____

FIRST NAME _____ M.I. _____ LAST NAME _____ M/F

SOCIAL SECURITY NO. _____ - _____ - _____ DATE OF BIRTH ____/____/____

CURRENT ASSETS _____

PLAN INFORMATION

NO. OF EXEMPTIONS _____ 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 _____

ADDRESS _____ CITY _____ ST _____ ZIP CODE _____

PHONE NUMBER (____) _____ - _____

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

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 _____

ORIGINAL LOAN _____ PERIOD/ LOAN TYPE _____

**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 _____ CASH VALUE _____

FACE VALUE _____ PREMIUM AMOUNT _____ PAYMENT INTERVAL _____ LOAN AMOUNT _____

POLICY NUMBER _____ CARRIER _____ POLICY TYPE _____

INSURED _____ BENEFICIARY _____ CASH VALUE _____

FACE VALUE _____ PREMIUM AMOUNT _____ PAYMENT INTERVAL _____ LOAN AMOUNT _____

**DISABILITY
INSURANCE**

IN THE EVENT OF TOTAL DISABILITY, WHAT WOULD YOUR MONTHLY INCOME NEEDS BE? _____

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 _____

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 _____

***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 _____
_____ BALANCE _____