

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

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

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

INSURANCE	Monthly Amount
Home	
Health	
Life	
Subtotal:	

FOOD	Monthly Amount
Groceries	
Dining out	
Other	
Subtotal:	

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

LOANS	Monthly Amount
Personal	
Student	
Credit card	
Credit card	
Credit card	
Other	
Subtotal:	

TAXES	Monthly Amount
Federal	
State	
Local	
Other	
Subtotal:	

SAVINGS OR INVESTMENTS	Monthly Amount
Retirement account	
Investment account	
Other	
Subtotal:	

PETS	Monthly Amount
Food	
Medical	
Grooming	
Toys	
Other	
Subtotal:	

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

GIFTS AND DONATIONS	Monthly Amount
Charity 1	
Charity 2	
Charity 3	
Subtotal:	

LEGAL	Monthly Amount
Attorney	
Alimony	
Payments on lien or judgment	
Other	
Subtotal:	

OTHER (MISC)	Monthly Amount
Subtotal:	

TOTAL MONTHLY EXPENSES:	
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TOTAL BALANCE: (income minus expenses)	
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