

FINANCIAL MANAGEMENT QUESTIONNAIRE

STEP #1

Please complete the following forms, including as much information as possible. Please complete only the items that apply to your situation. We have included a blank page at the back of the questionnaire if more room is needed.

STEP #2

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

- Business documents (*buy/sell agreements, approximate business value*)
- Children's assets or UGMAs (*most recent statements*)
- Driver's license(s)
- 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, consumer, lines of credit*)
- 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** made payable to: **PWFC**.
- 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 NUMBER (_____) - _____ HOME FAX NUMBER (_____) - _____ M/F
 ADDRESS _____ CITY _____ ST _____ ZIP CODE _____
 SOCIAL SECURITY NO. _____ - _____ - _____ DATE OF BIRTH ____/____/____ MARITAL STATUS _____
 DRIVER'S LICENSE NO. _____ ST _____ EXPIRATION DATE _____
 EMPLOYER/OCCUPATION _____ / _____
 WORK ADDRESS _____ CITY _____ ST _____ ZIP CODE _____
 WORK PHONE NUMBER (_____) - _____ WORK FAX NUMBER (_____) - _____
 PROFESSIONAL OR GRADUATE DEGREE(S) _____
 MOTHER'S MAIDEN NAME _____ Ex-SPOUSE _____

SPOUSE

FIRST NAME _____ M.I. _____ LAST NAME _____ NICKNAME _____
 HOME PHONE NUMBER (_____) - _____ HOME FAX NUMBER (_____) - _____ M/F
 ADDRESS _____ CITY _____ ST _____ ZIP CODE _____
 SOCIAL SECURITY NO. _____ - _____ - _____ DATE OF BIRTH ____/____/____ MARITAL STATUS _____
 DRIVER'S LICENSE NO. _____ ST _____ EXPIRATION DATE _____
 EMPLOYER/OCCUPATION _____ / _____
 WORK ADDRESS _____ CITY _____ ST _____ ZIP CODE _____
 WORK PHONE NUMBER (_____) - _____ WORK FAX NUMBER (_____) - _____
 PROFESSIONAL OR GRADUATE DEGREE(S) _____
 MOTHER'S MAIDEN NAME _____ Ex-SPOUSE _____

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 _____ FIRM _____
 WORK ADDRESS _____ CITY _____ ST _____ ZIP CODE _____
 WORK PHONE NUMBER (_____) - _____ WORK FAX NUMBER (_____) - _____
 NAME _____ FIRM _____
 WORK ADDRESS _____ CITY _____ ST _____ ZIP CODE _____
 WORK PHONE NUMBER (_____) - _____ WORK FAX NUMBER (_____) - _____
 NAME _____ FIRM _____
 WORK ADDRESS _____ CITY _____ ST _____ ZIP CODE _____
 WORK PHONE NUMBER (_____) - _____ WORK FAX NUMBER (_____) - _____

GOALS & OBJECTIVES

PLEASE NUMBER THE TOP THREE IN ORDER OF IMPORTANCE:

_____ AGGRESSIVE GROWTH
 _____ GROWTH & INCOME
 _____ INCOME
 _____ GROWTH
 _____ TAX ADVANTAGED
 _____ SPECULATION

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 _____
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 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 _____
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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 _____

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 GROUP INDIVIDUAL OTHER _____

COVERAGE \$ _____ PERCENTAGE _____ PREMIUM AMOUNT _____

DEPENDANT COVERAGE _____ DENTAL COVERAGE _____ VISION COVERAGE _____

