

# 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 \_\_\_\_\_  
 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 \_\_\_\_\_

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 \_\_\_\_\_

