



THE
FINANCIAL
ADVISORS LLC

Client Questionnaire

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Financial Information:

To effectively advise you on financial decisions and make the best use of meeting time, we will need complete information about your financial life. The first step in the financial planning process is data collection. To facilitate the data collection and make our initial meeting more productive, we ask that you to complete our client questionnaire.

We ask that you please return the completed questionnaire to us by regular mail, fax, or electronically via ShareFile (link is on our web site). Please do not hesitate to call us with any questions prior to getting started.

Confidentiality:

Confidentiality and protection of your personal information is of the highest importance to our firm. We will not disclose any information about you to anyone -- including your employer, accountant, attorney, or family -- without your permission.

Referred by: _____

Date completed: _____

Clients – Personal and Contact Info

Family Data	Client 1	Client 2
Full Legal Name (First, MI, Last)		
Preferred nickname		
Home Street Address		
City, State, Zip		
Home Telephone		
Mobile Telephone		
Email		
Date of Birth		
Social Security Number		
U.S. Citizen (Yes / No)		
Gender		
Marital Status: Single/Married/Divorced/Widowed		
Employment		
Occupation / Job Title		
Self-Employed (Yes/No)		
Employer Name		
Employer Address		
Work Telephone		
Work Email		
Years w/ Current Employer		
Communication Preference		
How should we contact you: home or work, email or mobile, etc.		

Clients – Children & Dependents Info

Please list additional names or details on a separate page

Children / Dependents	Client 1	Client 2
Child / Dependent		
Full Name		
Relationship		
Date of Birth		
Social Security Number		
Marital Status		
Spouse / Partner Name		
Spouse / Partner DOB		
Children names & DOB		
Child / Dependent		
Full Name		
Relationship		
Date of Birth		
Social Security Number		
Marital Status		
Spouse / Partner Name		
Spouse / Partner DOB		
Children names & DOB		
Child / Dependent		
Full Name		
Relationship		
Date of Birth		
Social Security Number		
Marital Status		
Spouse / Partner Name		
Spouse / Partner DOB		
Children names & DOB		

Goals and Objectives

What are your areas of financial concern (check all that apply)

- Cash Flow and Budgeting
- Investment Review
- Tax Planning
- College Planning
- Retirement Planning
- Estate Planning
- Insurance Review
- Home Purchase

Other (Please describe)

What is your picture for financial security 5 years from now?

Please list your major financial obligations and planned expenditures.

Present (within the next 2 years)

Future

How comfortable are you managing your finances? (very, somewhat, not at all)

How satisfied are you with the performance of your investments?

Please note any health or other family circumstances that may impact your financial planning.

Income

	Client 1	Client 2
What is your gross annual income?		
How often are you paid?		
Are you considering a career change?		
Do you anticipate major changes in income within the next 3 years*?		

* If yes, please describe the expected changes.

Retirement Planning

	Client 1	Client 2
At what age do you expect to retire?		
What are your expected annual income needs in retirement?		
How much do you contribute each year to your retirement plan(s)?		
How much does your employer contribute each year to your retirement plan(s)?		
During retirement how much monthly income do you expect to receive from:		
Social Security		
Employer Pension(s)		

Please describe any special considerations regarding your retirement plans:

Employer Stock Plans

	Client 1	Client 2
Do you participate in an employer stock option plan (non-qualified or incentive)?		
Do you participate in an employer stock grant plan (restricted stock)?		
Do you participate in an employee stock purchase plan (ESPP)?		

Insurance

	Client 1	Client 2
Do you have life insurance? If so how much is the coverage?		
Do you have short term disability insurance?		
Do you have long term disability insurance?		
Do you have long term care insurance?		
Do you have medical insurance? If so is it through your employer?		
Do you have homeowner or renter insurance?		
Do you have umbrella liability insurance? If so how much is the coverage?		
Do you have ID Theft Protection coverage?		
Do you have auto insurance?		

Estate Planning

	Client 1	Client 2
Were you previously married?		
Do you have a Will?		
Do you have a Durable Power of Attorney?		
Do you have a Health Care Proxy?		
Do you have a Trust?		
Did you file a Homestead Declaration when you bought your home?		
Are you the beneficiary of any Trust?		

Statement of Net Worth

Item	Client 1	Client 2	Joint	Total
ASSETS				
Cash				
Checking and Savings				
Money Market funds				
CDs				
US Savings Bonds				
Other				
Total Cash				
Taxable Investments				
Stocks, Bonds, Mutual Funds				
Investment Real Estate				
Other Taxable Accounts or Assets				
Total Taxable Investments				
Retirement Investments				
IRA: Traditional or Rollover				
IRA: Roth, SEP or SIMPLE				
Employer Plans: 401K, 403B, 457				
Other Retirement Plans				
Pension				
Total Retirement Investments				
Education Investments				
529 / Tuition Savings Plans				
UTMA / UGMA Custodial Accounts				
Total Education Investments				
Personal Property				
Primary Residence				
Vacation Property				
Vehicles / Boats				
Jewelry / Art / Antiques				
Household and Other property				
Total Personal Property				
TOTAL ASSETS				

Item	Client 1	Client 2	Joint	Total
DEBTS				
Debts / Liabilities				
Primary Residence Mortgage				
2 nd Mortgage, Equity Loan, or Line of Credit (HELOC)				
Education Loans				
Auto Loans				
Credit Card Balances				
401K or Retirement Plan Loans				
Any other loans or debts				
TOTAL DEBTS				
NET WORTH (assets – debts)				

DETAILS OF DEBTS / LIABILITIES

	Creditor	Original Amount	Current Balance	Interest Rate	Term of Loan	Monthly Payment
1.						
2.						
3.						
4.						
5.						
	Total:					

Bucket List (Please list a few of your non-financial goals, as they may be related to your financial plan)

Notes to Your Advisor (Please list any additional points of interest or concern)