



THE  
FINANCIAL  
ADVISORS LLC

## Client Questionnaire

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### Financial Information:

The first step in the financial planning process is data collection. To facilitate the data collection and make our initial meeting more productive, please complete our client questionnaire. Return the completed questionnaire to us by ShareFile secure upload, fax, or mail. Feel free to call us with any questions prior to getting started.

Sharefile - Office File Drops

- Andover, MA Office
- Newburyport, MA Office

### 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.

[www.the-financial-advisors.com](http://www.the-financial-advisors.com)  
July 2023

Referred by:

Date completed:

### Personal and Contact Info

Contact Info	Client 1	Client 2
Name (First, MI, Last)		
Preferred nickname		
Home Address		
City, State, Zip		
Phone		
Email		
Birth date		
U.S. Citizen?		
Gender / Pronouns		
Marital Status:		
<b>Employment</b>		
Occupation / Title		
Self-Employed?		
Employer Name		
Years w/ Current Employer		
What is your gross annual income?		
Do you participate in an employer stock plan?		

Children / Dependents		
Name	Birth date	Relationship / Notes

***Please list any changes expected within the next 3 years:***

## Goals

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

<input type="checkbox"/>	Cash Flow and Budgeting	<input type="checkbox"/>	College Planning
<input type="checkbox"/>	Tax Planning	<input type="checkbox"/>	Retirement Planning
<input type="checkbox"/>	Investment Management	<input type="checkbox"/>	Estate Planning

Other (Please describe)

What is your desired financial picture 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.

**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)

## Retirement Planning

	Client 1	Client 2
Expected retirement age?		
Expected annual retirement income need:		
Your annual contributions to retirement plan(s):		
Employer annual contributions to your retirement plan(s):		
Expected Social Security retirement benefit:		
Expected Employer Pension(s) benefit:		

Please describe any special considerations regarding your retirement:

## Insurance

	Client 1	Client 2
How much life insurance coverage do you have?		
Do you have short term disability insurance?		
Do you have long term disability insurance?		
Do you have long term care insurance?		
Health insurance coverage		
Do you have homeowner or renter insurance?		
Do you have auto insurance?		
How much umbrella liability coverage do you have?		

## 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 for your primary home?		
Are you the beneficiary of any Trust?		

## Statement of Net Worth

ASSETS	Client 1	Client 2	Joint	Total
Cash				
Checking and Savings				
Money Market funds, CDs				
US Savings Bonds				
Other				
<b>Total Cash</b>				
Taxable (Non-Retirement) Investments				
Brokerage accounts				
Other Taxable Accounts or Assets				
<b>Total Taxable Investments</b>				
Retirement Investments				
IRAs: Traditional; Rollover; SEP; SIMPLE				
Roth IRAs				
Employer Plans: 401K, 403B, 457				
Other Retirement Plans				
<b>Total Retirement Investments</b>				
Education Investments				
529 / Tuition Savings Plans				
UTMA / UGMA Custodial Accounts				
<b>Total Education Investments</b>				
Tangible Personal Property				
Primary Residence				
Vacation and/or Investment Property				
Vehicles / Boats				
Collectibles (Ex. Jewelry/Art/Antiques)				
Household and Other property				
<b>Total Personal Property</b>				
<b>TOTAL ASSETS</b>				



<b>LIABILITIES</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Joint</b>	<b>Total</b>
Debts / Liabilities (Enter as negative numbers. Ex: -5000)				
Primary Residence Mortgage				
2 <sup>nd</sup> 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				
<b>TOTAL LIABILITIES</b>				
<b>NET WORTH</b> (Assets – Liabilities)				

Please describe any additional important details for assets and liabilities: