

The Financial Advisors, LLC

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**Comprehensive Client Questionnaire**

**Financial Information.** To effectively advise you on financial decisions, your advisor must have complete information about your current financial life. The first step in the financial planning process is data collection. To facilitate the data collection, we use this questionnaire. Before you start, look at the list of documents shown below. We suggest that you gather the documents that apply to you before you start to fill in the questionnaire. Some of the listed items may not apply to you. With your documents handy, do the best you can at answering our questions. If you are uncertain of your answer to a question, record your best estimate of the answer and include a note about the circumstances in the "Notes to Your Advisor" section at the end of the questionnaire. We will also need to have copies of your documents. You can send them to us by mail, fax or any other delivery method. With your detailed information, your advisor can ensure the accuracy of the information for your financial plan.

**Confidentiality** of client information is of the highest importance to your advisor and his or her associates and staff. We will not disclose any information about you to anyone -- including your employer, accountant, attorney, or family -- without your permission.

**Important Documents**

- Latest Federal Income Tax Return
- Latest State Income Tax Return
- Recent Pay Stub for Each Employed Person
- 401k Plan documents that describe the choices in the 401k or retirement plan
- Recent Retirement Plan Statement
- Recent 401k Plan Statement
- Stock Option Plan Documents
- Stock Option Statement of Award and Vesting
- Employee Stock Purchase Plan Statement
- Recent IRA Statement
- Will
- Durable Power of Attorney
- Health Care Proxy or Living Will
- Trust Documents or Statements
- Latest Annual Statement on Life Insurance Policies
- Group Benefits Statement or Booklet
- Home Owner/Renter Insurance Policy Coverage Sheet
- Auto Policy Coverage Sheet
- Investment Account, Mutual Funds, Brokerage Accounts, and Annuity Statements
- Social Security Benefit Statements

If you have any questions, do not hesitate to call for help or email your questions to your advisor.

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When you have completed the questionnaire, please fax or mail it to your advisor. Be sure to include copies of all the appropriate documents.

**Comprehensive Client Questionnaire**

Referred by:

Date completed:

**Clients – Personal and Contact Info**

<b>Family Data</b>	<b>Client 1</b>	<b>Client 2</b>
Full Name		
Nickname		
Home Street Address		
City, State, Zip		
Home Telephone		
Fax		
Email		
Work Telephone		
Fax		
Email		
Preferred Contact (e.g. home email, work telephone, etc.)		
Date of Birth		
Social Security Number		
U.S. Citizen (Yes / No)		
Gender		
Marital Status [Single, Married, Divorced, Widow(er)]		
<b>Employment</b>		
Occupation / Job Title		
Self-Employed (Yes/No)		
Employer Name		
Employer Address		
Years w/ Current Employer		

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**Client 1 – Parents & Children\***

<b>Parents</b>	<b>Mother</b>	<b>Father</b>
Full Name		
DOB		

<b>Children &amp; Dependents</b>	<b>1</b>	<b>2</b>
Full Name		
Relationship		
DOB		
SSN		
Marital Status [Single, Married, Divorced, Widow(er)]		
Spouse / Partner Name		
Spouse / Partner DOB		
Children names & DOB		

<b>Children &amp; Dependents</b>	<b>3</b>	<b>4</b>
Full Name		
Relationship		
DOB		
SSN		
Marital Status [Single, Married, Divorced, Widow(er)]		
Spouse / Partner Name		
Spouse / Partner DOB		
Children names & DOB		

*\* List additional names or details on a separate page*

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**Client 2 – Parents & Children\***

<b>Parents</b>	<b>Mother</b>	<b>Father</b>
Full Name		
DOB		

<b>Children &amp; Dependents</b>	<b>1</b>	<b>2</b>
Full Name		
Relationship		
DOB		
SSN		
Marital Status [Single, Married, Divorced, Widow(er)]		
Spouse / Partner Name		
Spouse / Partner DOB		
Children names & DOB		

<b>Children &amp; Dependents</b>	<b>3</b>	<b>4</b>
Full Name		
Relationship		
DOB		
SSN		
Marital Status [Single, Married, Divorced, Widow(er)]		
Spouse / Partner Name		
Spouse / Partner DOB		
Children names & DOB		

*\* List additional names or details on a separate page*

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**Family Professionals**

Professional Name	Phone	Fax	Email
Accountant or Tax Preparer			
Attorney			
Insurance Agent			
Trust Officer or Trustee			
Other			

**Estate Planning**

	Client 1	Client 2
Have you been previously married? (If divorced, please include a copy of divorce agreement)		
*Do you have a Will?		
*Do you have a durable power of attorney?		
*Do you have a health care proxy?		
*Have you established any trusts?		
*Are you the beneficiary of any trust?		

*\* If yes, please include a copy of the respective document(s).*

**Insurance**

	Client 1	Client 2
Do you have any life insurance? (If yes, please include a copy of the policies)		
Do you have medical insurance?		
Is the medical insurance through your employer?		
Do you have homeowner or renter insurance? (If yes, please include a copy of the policy declarations pages)		
Do you have umbrella liability insurance? (If yes, please include a copy of the policy declarations pages)		
Do you have auto insurance? (If yes, please include a copy of the coverage selections pages)		
Do you have short-term disability insurance?		
Do you have long-term disability insurance? (If yes, please include a copy of the policy summary pages)		

**Employer Stock Plans**

	<b>Client 1</b>	<b>Client 2</b>
*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)?		

*\* If yes, please include a copy of the plan document(s) and statements of your grants or purchases.*

**Income**

	<b>Client 1</b>	<b>Client 2</b>
What is your gross annual income? (Please include a copy of your most recent Federal and State tax returns.)		
How often are you paid? (Please include a copy of a recent pay advice statement)		
Are you considering a career change?		
*Do you expect any major changes in income during the next 3 years?		

*\* If yes, please describe the expected changes.*

**Retirement Planning**

	<b>Client 1</b>	<b>Client 2</b>
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 (Please include a recent Social Security statement)		
Employer Pension(s)		

Please describe any special considerations regarding your retirement plans:

**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 vision for financial security five years from now?

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Please list your major financial obligations and planned expenditures, dividing them into the present and the future. Please estimate the cost of each item.

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?

Are there any family health problems that may impact financial planning? If yes please provide details.

**Statement of Net Worth**

Item	Client 1	Client 2	Joint	Total
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**ASSETS**

<b>Liquid Assets</b>				
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Checking and Savings				
Money Market funds				
CDs				
Treasury Bills				
Cash value of Life Insurance				
Other				
<b>Total Liquid Assets</b>				

<b>Taxable Investment Assets</b>				
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Stocks, Bonds, Mutual Funds				
Investment Real Estate				
Other				
<b>Total Taxable Investment Assets</b>				

<b>Retirement (Tax-deferred) Assets</b>				
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Traditional IRA				
Roth IRA				
Rollover IRA				
SEP IRA and Profit Sharing plans				
401(k), 403(b), 457, TSA				
Money Purchase Pension				
ESOP				
Defined Benefit Pension (including Cash Balance Pension)				
Federal or State Gov. plans				
Non-qualified deferred compensation plans				
<b>Total Retirement Assets</b>				

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Personal Assets				
Primary Residence				
Vacation Property				
Household Furnishings				
Art and Antiques				
Vehicles				
Boats				
Other				
<b>Total Personal Assets</b>				
<b>TOTAL ASSETS</b>				

**LIABILITIES**

Liabilities				
Short-term loans				
Credit Cards				
Life Insurance Loans				
Installment Loans				
Taxes Owed				
Long-term loans				
Primary residence mortgage				
Second mortgage				
Home Equity Loan				
Student Loans				
Margin Loans				
Retirement Plan (ex. 401k) Loans				
Other				
<b>TOTAL LIABILITIES</b>				
<b>NET WORTH</b> (Total Assets – Total Liabilities)				

**Details of Liabilities**

	Creditor	Original Amount	Current Balance	Interest Rate	Term of Loan	Monthly Payment
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
Totals						

**Notes to Your Advisor**

(Please list any additional issues not already covered)

A large, empty rectangular box with a thin black border, intended for the user to list any additional issues not already covered. The box is currently blank.

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