



# DISCOVERY

## QUESTIONNAIRE

**Tim Hayes**

AIF® CRPS® AWMA® CFS®

# INTRODUCTION

Thank you for requesting a consultation. This questionnaire is intended to help you gather your financial information into one place, as well as generate thoughts, questions, and opinions about your personal financial goals and situation. The completion of this document will allow us to have a meaningful and productive conversation about your financial future. When filling this out, estimates and approximate figures are perfectly acceptable. Please complete this questionnaire to the best of your knowledge and return it via encrypted email or bring it with you to your appointment.

All information you divulge, whether verbal or written, will remain completely and permanently confidential.

Date: 12-27-2017

## SELF

**Full legal name** Stephanie Garrett

Preferred name \_\_\_\_\_

Marital status  Single  Married  Divorced  Widowed

Address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Garretts@westboroughk12.org

Birth date \_\_\_\_\_

Employment status  Retired  Semi-retired  Self-employed  Employed  Unemployed

Employer Westborough Public Schools Work phone \_\_\_\_\_

Address \_\_\_\_\_

## SPOUSE/PARTNER

**Full legal name** Steve Garrett

Preferred name \_\_\_\_\_

Marital status  Single  Married  Divorced  Widowed

Address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Birth date \_\_\_\_\_

Employment status  Retired  Semi-retired  Self-employed  Employed  Unemployed

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_

### CHILDREN

Name	Birth date	Dependent
1. _____		Y <input type="checkbox"/> N <input type="checkbox"/>
2. _____		Y <input type="checkbox"/> N <input type="checkbox"/>
3. _____		Y <input type="checkbox"/> N <input type="checkbox"/>
4. _____		Y <input type="checkbox"/> N <input type="checkbox"/>
5. _____		Y <input type="checkbox"/> N <input type="checkbox"/>

### OTHER DEPENDENTS

Name	Birth date	Relationship
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Do you anticipate future financial dependency from any relatives? Y  N

OTHER PROFESSIONALS (I.E. CPA, ATTORNEY, INSURANCE PROVIDER, ETC.)

**Name** \_\_\_\_\_ Profession \_\_\_\_\_  
Business name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_ Profession \_\_\_\_\_  
Business name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_ Profession \_\_\_\_\_  
Business name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_ Profession \_\_\_\_\_  
Business name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_ Profession \_\_\_\_\_  
Business name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_ Profession \_\_\_\_\_  
Business name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**INCOME AND EXPENSES**

**Self**

Annual earned income \$ \_\_\_\_\_

Annual income from investments \$ \_\_\_\_\_

Social Security income \$ \_\_\_\_\_

Pension income \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

Describe \_\_\_\_\_

Do you have an emergency fund?  Yes  No

Emergency fund balance \$ \_\_\_\_\_

Estimated monthly expenses \$ \_\_\_\_\_

**Spouse/Partner**

Annual earned income \$ \_\_\_\_\_

Annual income from investments \$ \_\_\_\_\_

Social Security income \$ \_\_\_\_\_

Pension income \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

Describe \_\_\_\_\_

Do you have an emergency fund?  Yes  No

Emergency fund balance \$ \_\_\_\_\_

Estimated monthly expenses \$ \_\_\_\_\_

**BANK ACCOUNTS**

**Self**

Bank name \_\_\_\_\_

Account type  Savings  Checking  CD

Interest rate \_\_\_\_\_%

Estimated balance \$ \_\_\_\_\_

Bank name \_\_\_\_\_

Account type  Savings  Checking  CD

Interest rate \_\_\_\_\_%

Estimated balance \$ \_\_\_\_\_

**Spouse/Partner**

Bank name \_\_\_\_\_

Account type  Savings  Checking  CD

Interest rate \_\_\_\_\_%

Estimated balance \$ \_\_\_\_\_

Bank name \_\_\_\_\_

Account type  Savings  Checking  CD

Interest rate \_\_\_\_\_%

Estimated balance \$ \_\_\_\_\_

RETIREMENT ACCOUNTS

**Self**

Institution name MTRS

Type of account (401(k), IRA, etc.) DB

Account value \$ 10 or 20 Year Vesting

**Spouse/Partner**

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (401(k), IRA, etc.) \_\_\_\_\_

Account value \$ \_\_\_\_\_

INVESTMENT ACCOUNTS

**Self**

Institution name \_\_\_\_\_

Type of account (joint, 529, etc.) \_\_\_\_\_

Intended purpose \_\_\_\_\_

Account value \$ \_\_\_\_\_

**Spouse/Partner**

Institution name \_\_\_\_\_

Type of account (joint, 529, etc.) \_\_\_\_\_

Intended purpose \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (joint, 529, etc.) \_\_\_\_\_

Intended purpose \_\_\_\_\_

Account value \$ \_\_\_\_\_

Institution name \_\_\_\_\_

Type of account (joint, 529, etc.) \_\_\_\_\_

Intended purpose \_\_\_\_\_

Account value \$ \_\_\_\_\_

Annuities \$ \_\_\_\_\_

Limited partnerships \$ \_\_\_\_\_

Annuities \$ \_\_\_\_\_

Limited Partnerships \$ \_\_\_\_\_

ADDITIONAL ASSETS

Primary residence value \$ \_\_\_\_\_

Second home value \$ \_\_\_\_\_

Rental real estate \$ \_\_\_\_\_

Automobiles (do not include primary vehicle(s)) \$ \_\_\_\_\_

Jewelry \$ \_\_\_\_\_

Art \$ \_\_\_\_\_

Collectibles (coins, stamps, etc.) \$ \_\_\_\_\_

Business partnerships \$ \_\_\_\_\_

Other (describe) \_\_\_\_\_

\_\_\_\_\_

Do you expect to receive any inheritances? \_\_\_\_\_

\_\_\_\_\_



# LIABILITIES

	Holder	Current balance	Monthly payment	Interest rate
Mortgages				
Auto Loans				
Student loans				
Credit Cards				
Other liabilities				

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSURANCE (PLEASE MARK ALL CURRENT INSURANCE POLICIES)

	Self	Amount/Coverage	Spouse/ Partner	Amount/Coverage
Term life	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Whole life	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Short-term disability	<input checked="" type="checkbox"/>	_____	<input type="checkbox"/>	_____
Long-term disability	<input checked="" type="checkbox"/>	<b><u>Built into MTRS</u></b>	<input type="checkbox"/>	_____
Medical	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Long-term care	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Homeowners	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Auto	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Errors & Omissions/ Malpractice	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

ESTATE PLANNING (PLEASE MARK ALL COMPLETED DOCUMENTS)

	Self	Spouse/ Partner
Will	<input type="checkbox"/>	<input type="checkbox"/>
Living trust	<input type="checkbox"/>	<input type="checkbox"/>
Power of attorney	<input type="checkbox"/>	<input type="checkbox"/>
Living will	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance trust	<input type="checkbox"/>	<input type="checkbox"/>
Charitable trust	<input type="checkbox"/>	<input type="checkbox"/>

What are your personal financial goals? \_\_\_\_\_

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What are your personal financial concerns? \_\_\_\_\_

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What type of services would the ideal financial planner provide? \_\_\_\_\_

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What are the most important aspects you seek from a financial planner when creating a relationship? \_\_\_\_\_

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What can we do to make your experience with us the best it can be? \_\_\_\_\_

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# DOCUMENT CHECKLIST

Please bring a copy of the following documents with you to our first meeting.

- Insurance policies (life, health, home, auto, disability, liability, other)
  - Most recent bank statements for all accounts
  - Most recent investment account statements
  - List or copy of savings bonds (held in paper form)
  - List or copy of stock and bond certificates (held in paper form)
  - Most recent employer sponsored retirement plan statements (i.e. 401(k))
  - Most recent compensation plan statement
  - Other employer-sponsored benefit plan statements
  - Most recent pension/Social Security statements
  - Most recent paystub
  - Will
  - Durable power of attorney
  - Living trust
  - Living will
  - Mortgage agreement
  - Auto loan agreement
  - Other loan agreement
  - Most recent credit card statements
  - Other legal documents
  - Other documents: \_\_\_\_\_
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