



DISCOVERY

QUESTIONNAIRE

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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: _____

SELF

Full legal name _____

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 _____

SPOUSE/PARTNER

Full legal name _____

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 _____

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

Account value \$ _____

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 type="checkbox"/>	_____	<input type="checkbox"/>	_____
Long-term disability	<input type="checkbox"/>	_____	<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? _____

What are your personal financial concerns? _____

What type of services would the ideal financial planner provide? _____

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

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

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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