

---

---

# **PERSONAL WEALTH DEVELOPMENT QUESTIONNAIRE**

**Canby Financial Advisors, LLC**  
161 Worcester Road, Suite 408  
Framingham, MA 01701  
Phone 508-598-1082  
Fax 508-598-1087  
[www.canbyfinancial.com](http://www.canbyfinancial.com)

Securities and some advisory services offered through Commonwealth Financial Network.  
Member of FINRA/SIPC, and a Registered Investment Adviser.  
29 Sawyer Road  
Waltham, MA 02453  
800-251-0080

---

---

Family Data. Information about <u>Client 1</u>		Information about <u>Client 2</u>	
Full Name		Full Name	
Date of Birth		Date of Birth	
Home Address		Home Phone	
City, State, Zip		Work Phone	
Occupation		Occupation	
Self-Employed?	Y N	Self-Employed?	Y N
Employer		Employer	
Email Address		Email Address	

Children	Name	Birth date	Children	Name	Birth date
Child 1			Child 3		
Child 2			Child 4		

## OBJECTIVES

1) Briefly describe your personal and family goals and financial needs:

---



---

2) At what age do you wish to retire? Client 1 \_\_\_\_\_ Client 2 \_\_\_\_\_

3) Desired retirement income in today's dollars? \$ \_\_\_\_\_

4) Does any one dependent upon you have special limitations, needs or education requirements? Y N

Explain

---

5) Do you have a will? Y N Date of last revision \_\_\_\_\_

6) How much risk are you willing to accept overall in your savings and investments?

(1 is money in the mattress, 10 is going to Las Vegas)

Client 1 1 2 3 4 5 6 7 8 9 10 Client 2 1 2 3 4 5 6 7 8 9 10

7) What rate of return do you feel is reasonable in your overall savings and investments?

Client 1 2% 4% 6% 8% 10% 12% 14%+ Client 2 2% 4% 6% 8% 10% 12% 14%+

8) What rate of inflation do you feel is reasonable to assume over the long term?

Client 1 0% 2% 3% 4% 5% 6% 7%+ Client 2 0% 2% 3% 4% 5% 6% 7%+

9) How much money do you feel you should have available for an emergency? (Some people like to keep 3 months' income under the mattress for a rainy day; some rely on their unused credit card balances) \$ \_\_\_\_\_

10) Are any persons (other than minor children) financially dependent upon you now or possibly in the future? Y N

Explain

---

11) If either spouse expects to inherit any property, give a general description, source, and approximate value.

---

All current Sources of Income:		Client 1	Client 2
Source 1		Source 1	
<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	\$
Source 2		Source 2	
<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	\$
Source 3		Source 3	
<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly	\$

Current Living Expense	
Total Monthly Estimated Living Expenses *	\$ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly

Financial Accounts						
Account	Institution	Interest %	Joint Account	Client 1	Client 2	Children
Checking 1			\$	\$	\$	\$
Checking 2			\$	\$	\$	\$
Savings			\$	\$	\$	\$
Cert. of Deposit			\$	\$	\$	\$
Money Market			\$	\$	\$	\$
Savings Bonds			\$	\$	\$	\$

Investments (Stocks, Bonds, Mutual Funds, Annuities, Options, etc.)					
Description (note if IRA, 401k, Profit Sharing, SEP, Custodial)	Annual Additions	Joint Account	Client 1	Client 2	Children
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

\* See last page for worksheet.

### Life and Personal Insurance

Company	Type (Term, Whole Life, Variable, Personal or Group)	Name of Insured	Premium You Pay	Policy Loans	Death Benefit
			\$		
			\$		
			\$		
Disability Insurance (Group and Personal)		Name of Insured	Premium		Coverage
			\$		
Other Insurance (Long Term Care, Personal Liability)			\$		
			\$		
			\$		

### Personal Property

Show estimated market value or replacement value of what you own today

Item	Description	Value
Household Furnishings		\$
Clothing, Jewelry		\$
Art, Antiques, Collection		\$
Car 1		\$
Car 2		\$
Other Vehicles		\$
Business Equipment		\$
Computers, Stereos, TV's		\$
Other		\$

### Mortgages and Other Debts

Property	Location	Principal Balance	Interest Rate	No. Pmts. Remaining	Mortgage Type	Market Value
Primary Home		\$	%			\$
Other Property		\$	%			\$
Other Loans	Company	Interest Rate	Monthly Payment	Unpaid Balance (est.)		
Credit Card 1		%	\$	\$		
Credit Card 2		%	\$	\$		
Auto Loan 1		%	\$	\$		
Auto Loan 2		%	\$	\$		
Line of Credit		%	\$	\$		
Personal Loan		%	\$	\$		
Other (describe)		%	\$	\$		

# DOCUMENT CHECKLIST

*The checked items below will help us both complete your financial worksheet. Please provide these documents – as applicable – and any others you feel might be helpful. Remember, we are planning for decades. Do the best you can and keep going. More plans stop here than anywhere else.*

✓ **Description of item needed (originals or copies)**

## CASH FLOWS

- Most recent pay stubs from all employers
- Estimate of monthly expenses (page 3 of this booklet)
- Copies of all unpaid credit card statements, car loans, mortgages, bank loans
- Bank interest bearing accounts and CD's

## INSURANCE

- Group life insurance, disability and long-term care insurance policy summaries
- Summary statements of auto and homeowner and Umbrella Liability policies
- Private life insurance policies and illustrations
- Private disability policies
- Private health or long-term care policies

## INVESTMENTS

- Most recent brokerage statements
- Most recent mutual fund statements
- Listing of stocks or bonds you own in certificate form
- Appraisal or listing of:
  - Real Estate
  - Collectibles
  - Jewelry
- Policies and most recent statements for all fixed or variable annuities
- Any notes on your investments
- Most recent two tax returns (state and federal)

## ESTATE

- Current wills
- Living trusts
- Listing of gifts over \$12,000 to any one individual(s)
- Any other Trusts that you have created or are beneficiary

## RETIREMENT

- Benefit booklets and most recent benefit statements from current employer
- Retirement statements from current & prior employers
- Other tax sheltered account statements from employer
- IRA statements (if other than brokerage account)

# Cost of Living - Worksheet

Living Expenses (estimate if necessary)			
Taxes: Federal, State	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Unreimbursed Medical Exp. <small>(Including Health Insurance)</small>	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Social Security (FICA)	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Charitable Contributions	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Real Estate Taxes	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Gifts (Estimate Include X-Mas)	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Other Property Taxes	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Recreation <small>(Travel, Entertain., Club Dues, Vacation)</small>	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Food (Grocery & Restaurants)	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Credit Card Payments	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Clothing (Including Dry Cleaning)	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Insurance <small>(Life, Disability, Liability, Cancer, LTC)</small>	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Housing <small>(Including Insurance)</small>	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Savings/Investments	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Utilities <small>(Water, Elec., Gas, Cable, Phone)</small>	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Other Loans _____	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Transportation <small>(Payments, Insurance, Gas, Maint.)</small>	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Other Misc. _____	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Child Care	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Total Monthly Expenses	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual