

Confidential Questionnaire



Date of Completion: _____

Please fill out this questionnaire as accurately and completely as possible. You may estimate where necessary.
Please email, fax, or mail us the completed form so that it arrives at least 2 days prior to our meeting.

I. Personal Information

	<i>Client 1</i>	<i>Client 2</i>
Full Legal Name:		
Date of Birth:		
Home Address:		
City, State, Zip:		
Home Phone:	() -	() -
Employer:		
Occupation:		
Work Phone:	() -	() -
Cell Phone:	() -	() -
Fax (Hm or Wk):	() -	() -
Email:		
Previous Marriage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status (*check one*): Single (or widowed) Married Domestic Partners

Contact Preference (*circle one*): E-mail - or - Phone

Primary Contact during business hours: _____

How many years have you been with your current employer(s)? _____ *Client 1* _____ *Client 2*

Do you anticipate any employment changes? *Client 1:* Yes No *Client 2:* Yes No

If yes, please explain: _____

Projected retirement date: *Client 1:* _____ retired *Client 2:* _____ retired

What other activities, paid or unpaid, outside of your main employment do you participate in (i.e., hobbies, volunteer work, board memberships, professional association memberships)?

II. Family Information

Please include all minor and adult children, and anyone else who is financially dependent on you:

Name	Relationship	Date of Birth	Dependent?	Resides (City & State)
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	
		/ /	Y N	

Do you or any members of your family have significant health problems? Yes No

If yes, please explain: _____

III. Professional Advisors

	Name / Firm	Phone	Satisfaction Rating				
			1=	2=	3=	4=	5=
Attorney:		() -	1-----	2-----	3-----	4-----	5-----
Accountant:		() -	1-----	2-----	3-----	4-----	5-----
Tax Preparer:	<input type="checkbox"/> Self-prepared	() -	1-----	2-----	3-----	4-----	5-----
Insurance Agent:		() -	1-----	2-----	3-----	4-----	5-----
Broker:		() -	1-----	2-----	3-----	4-----	5-----
		() -	1-----	2-----	3-----	4-----	5-----

Have you ever worked with a financial advisor before? Yes No

If yes, why are you no longer working with this individual? _____

IV. Estate Planning Documents

Please indicate which estate planning documents you have and when & where each was drafted:

Document	Client 1			Client 2		
	Y / N	Year Drafted	What State	Y / N	Year Drafted	What State
Wills	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
Living Trusts	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
Powers of Attorney	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
Living Wills	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
Other:	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		

V. Financial Planning Goals & Objectives

Please comment on what made you decide to seek out a financial advisor. Include financial goals you wish to achieve in the near term as well as over the long term. These goals may pertain to retirement, college savings, budgeting, cash flow, debt structuring, insurance analysis, major purchases or events, special needs, or estate transfers:

Description	Annual Amount In Today's Dollars	Starting Year	Ending Year	How Often Will Expense Occur?
<i>Ex: Susan's College</i>	<i>18,000</i>	<i>2011</i>	<i>2014</i>	<i>Annually</i>
<i>Ex: Car Purchase</i>	<i>25,000</i>	<i>2008</i>	<i>2038</i>	<i>Every 5 years</i>

VI. Income Information

	<i>Client 1</i>	<i>Client 2</i>
Gross Salary:	\$ <i>for year 20__</i>	\$ <i>for year 20__</i>
Bonus:	\$ <i>for year 20__</i>	\$ <i>for year 20__</i>
Self-Employment:	\$ <i>for year 20__</i>	\$ <i>for year 20__</i>
Alimony Received:	\$ <i>for year 20__</i>	\$ <i>for year 20__</i>
Pension Income:	\$ <i>for year 20__</i>	\$ <i>for year 20__</i>
Social Security:	\$ <i>for year 20__</i>	\$ <i>for year 20__</i>
Net Rental Income:	\$ <i>for year 20__</i>	\$ <i>for year 20__</i>
Other:	\$ <i>for year 20__</i>	\$ <i>for year 20__</i>

Any significant changes in income expected? Yes No

If yes, please explain: _____

Pension Benefits (*current and/or future pensions*):

	Company	Annual Amount	Starting Year	Ending Year	Annual Increase	Beneficiaries	% Continued at Death
<i>Client 1</i>		\$			%		%
<i>Client 2</i>		\$			%		%

VII. Assets Information

Bank Accounts (*checking, savings, money market*):

	Bank Name / Type of Account	Ownership*	Average Balance
1			
2			
3			
4			
5			

Comments:

Certificates of Deposit CDs:

	Financial Institution	Ownership*	Approximate Value	Interest Rate	Maturity Date
1					
2					
3					
4					
5					

Brokerage, Mutual Funds, Retirement Accounts:

(Please bring a copy of your most recent statements to our Get Acquainted Meeting)

	Financial Institution & Type of Account	Ownership*	Approximate Value	Annual Additions Amount	"X" if Statement Enclosed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Other Assets:

	Ownership*	Approximate Value	Description/Notes
Primary Residence			
Secondary Residence			
Other Real Property			
Autos/Vehicles			
Personal Property			
Collectibles			
Other Items of significant value			

**For "Ownership", indicate if held jointly or provide name of individual or trust, etc.*

Stock Options:

Have you been granted stock options (*a formal written offer from your employer to buy or sell company stock at a specified price within a stated time period*), or currently own restricted stock (*company stock you own but that is subject to conditions regarding sale, forfeiture, and transferability*)?

Yes No

VIII. Liabilities Information

Real Estate Liabilities (include primary residence • vacation home • rental properties • other real estate):

Property Description	Original Amt of Mortgage	Mortgage Begin Date	Mortgage Term/ Type	Payment	Current Balance	Interest Rate
	\$			\$	\$	%
	\$			\$	\$	%
	\$			\$	\$	%
	\$			\$	\$	%

Personal Liabilities (include home equity loans • student loans • auto loans • auto leases • personal loans • credit cards (if not paid in full each month) • alimony/child support • brokers' margin accounts, etc.):

Liability Description	Type	Start Date	End Date	Payment	Current Balance	Interest Rate
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%
				\$	\$	%

Have you received a copy of your credit report(s) recently? Yes No

IX. Insurance Information

Life Insurance:

Policy Type	<u>Group</u> <u>Indiv</u> (check one)	Owner	Insured	Beneficiary	Death Benefit Amount	Cash Value	Annual Premium
	<input type="checkbox"/> <input type="checkbox"/>				\$	\$	\$
	<input type="checkbox"/> <input type="checkbox"/>				\$	\$	\$
	<input type="checkbox"/> <input type="checkbox"/>				\$	\$	\$
	<input type="checkbox"/> <input type="checkbox"/>				\$	\$	\$
	<input type="checkbox"/> <input type="checkbox"/>				\$	\$	\$
	<input type="checkbox"/> <input type="checkbox"/>				\$	\$	\$

IX. Insurance Information (cont.)

Other Insurance:

	<i>Client 1</i>			<i>Client 2</i>		
	<u>Coverage/Cost</u>	Group	Individual	<u>Coverage/Cost</u>	Group	Individual
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been turned down for insurance?

Client 1

Yes No

Client 2

Yes No

These items may be needed should you engage our services:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Prior Year Tax Return • Brokerage Account Statements • Trust Account Statements • Retirement Account Statements • Loan Documents | <ul style="list-style-type: none"> • Paycheck Stubs • Mutual Fund Account Statements • Employee Benefits Booklet • Legal Documents • Insurance Policies |
|--|--|

Please email, fax, or mail this completed form to our office so that it arrives at least 2 days prior to our meeting. Please keep a copy of your completed form.

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