####  Confidential Questionnaire date:\_\_\_\_\_\_\_\_\_\_\_\_


#### Client Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name (1) |  |  | Client Name (2) |  |
| Home Address |  |  | Home Address |  |
| City, State, ZIP |  |  | City, State, ZIP |  |
| Home Phone | ( ) - |  | Home Phone | ( ) - |
| Work Phone | ( ) - |  | Work Phone | ( ) - |
| Mobile Phone | ( ) - |  | Mobile Phone | ( ) - |
| Fax (Hm or Wk) | ( ) - |  | Fax (Hm or Wk) | ( ) - |
| E-mail |  |  | E-mail |  |
| Date of Birth |  |  | Date of Birth |  |
| Primary Contact Person during business hours? |  |
| Contact me/us by (circle one) E-mail or Phone |

#### Family Members (please list children and other dependants)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Relationship |  | Date of Birth |  | Dependant |  | Resides (City & State) |
|  |  |  |  |  / / |  |  Y N |  |  |
|  |  |  |  |  / / |  |  Y N |  |  |
|  |  |  |  |  / / |  |  Y N |  |  |
|  |  |  |  |  / / |  |  Y N |  |  |

# Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Employer (1) |  |  | Client Employer (2) |  |
| Title/Job |  |  | Title/Job |  |
| Number of years with this employer? |  |  | Number of years with this employer? |  |
| Anticipated employment changes? |  |  | Anticipated employment changes? |  |
| When do you plan to retire? |  |  | When do you plan to retire? |  |
| Salary |  |  | Salary |  |
| Self Employment Income |  |  | Self Employment Income |  |
| Bonus/Commissions |  |  | Bonus/Commissions |  |
| Other Earned Income |  |  | Other Earned Income |  |
| **TOTAL (Current Year) =** |  |  | **TOTAL (Current Year) =** |  |

Confidential Questionnaire, Continued

Tax & Estate Planning Documentation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Who prepares your tax return?** |  |  |  |  |
| * Self
* Paid Preparer
 | Preparer Name |  | Phone | ( ) - |
| Address |  | Fax | ( ) - |
|  | City, State, ZIP |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have estate planning documents?**  | **Year Drafted** |  | **State Drafted** |
| * Wills
 |  |  |  |
| * Living Trusts
 |  |  |  |
| * Powers of Attorney
 |  |  |  |
| * Living Wills
 |  |  |  |
| * Other Documents
 |  |  |  |

# Financial Opinions/Preferences

|  |
| --- |
| **Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.**  |
| **C1ient 1** |  | **Client 2** |  | **1 = Most True, 5 = Least True** |
|  |  |  |  | I would rather work longer than reduce my standard of living in retirement. |
|  |  |  |  | I feel that I/we can reduce our current living expenses to save more for the future if needed. |
|  |  |  |  | I am more concerned about protecting my assets than about growth. |
|  |  |  |  | I prefer the ease of mutual funds over individual securities. |
|  |  |  |  | I am comfortable with investments that promise slow, long term appreciation and growth. |
|  |  |  |  | I don’t brood over bad investment decisions I’ve made. |
|  |  |  |  | I feel comfortable with aggressive growth investments. |
|  |  |  |  | I don’t like surprises. |
|  |  |  |  | I am optimistic about my financial future. |
|  |  |  |  | My immediate concern is for income rather than growth opportunities. |
|  |  |  |  | I am a risk taker. |
|  |  |  |  | I make investment decisions comfortably and quickly. |
|  |  |  |  | I like predictability and routine in my daily life.  |
|  |  |  |  | I usually pick the tried and true, the slow, safe but sure investments. |
|  |  |  |  | I need to focus my investment efforts on building cash reserves. |
|  |  |  |  | I prefer predictable, steady return on my investments, even if the return is low. |

|  |  |
| --- | --- |
| **How were your current investment assets selected?** |  |
|  |
|  |
|  |
|  |

Confidential Questionnaire, Continued

Advisor Relationships

|  |
| --- |
| **Where applicable, rate your working relationships with each of the following advisors:** |
| Advisor | Satisfaction Rating |  |
|  | **1 = Dissatisfied**  | **5 = Very Satisfied** |
|  | 1 | 2 | 3 | 4 | 5 | Not Applicable |
| Financial Planner |  |  |  |  |  |  |
| Broker |  |  |  |  |  |  |
| Broker |  |  |  |  |  |  |
| Accountant |  |  |  |  |  |  |
| Tax Preparer |  |  |  |  |  |  |
| Attorney |  |  |  |  |  |  |
| Insurance Agent (1) |  |  |  |  |  |  |
| Insurance Agent (2) |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Insurance | Client (1) |  |  | Client (2) |  |  |
|  | Coverage | Group | Individual | Coverage | Group | Individual |
| Health |  |  |  |  |  |  |
| Disability |  |  |  |  |  |  |
| Disability |  |  |  |  |  |  |
| Life |  |  |  |  |  |  |
| Life |  |  |  |  |  |  |
| Life |  |  |  |  |  |  |
| Homeowners |  |  |  |  |  |  |
| Auto |  |  |  |  |  |  |
| Auto |  |  |  |  |  |  |
| Umbrella Liability |  |  |  |  |  |  |
| Professional Liability |  |  |  |  |  |  |
| Long Term Care |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Have you ever been turned down for Insurance?** | * Yes
 | * No
 |

#### Assets

(If you have this information in a format of your own design, please feel free to omit this section and attach necessary documentation.)

|  |
| --- |
| Bank Accounts Checking (C), Savings (S), or Money (MM) |
| **Bank Name** |  |  |  |  | **Ownership** |  | **Avg. Balance** |
|  |  | * C
 | * S
 | * MM
 |  | **$** |  |
|  |  | * C
 | * S
 | * MM
 |  | **$** |  |
|  |  | * C
 | * S
 | * MM
 |  | **$** |  |
| CDs |
| **Institution** |  | **Interest Rate** |  | **Maturity Date** |  | **Ownership** |  | **Avg. Balance** |
|  |  | % |  |  / / |  |  | **$** |  |
|  |  | % |  |  / / |  |  | **$** |  |
|  |  | % |  |  / / |  |  | **$** |  |

Confidential Questionnaire, Continued

Assets, continued

|  |  |  |
| --- | --- | --- |
| **Do you have a pension?**  | * Yes
 | * No
 |
| **If yes, estimated monthly benefit** **is $** |  | **at age** |  | **.** **COLA?** | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| Personal Property |  | Estimated Value |
| Primary Residence |  |  |
| Furnishings (Liquidation Value) |  |  |
| Vehicle |  |  |  |
| Vehicle |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

**Attach a copy of your most current brokerage, mutual fund and retirement statements.**

Please list below and estimate a value for any other investment assets not appearing on the list above or the statements provided:

|  |  |
| --- | --- |
|  |  |
|  |

|  |
| --- |
| Personal Liabilities |
| **Credit** **Cards** |  | **Interest** **Rate** |  |  | **Avg. Monthly Payment\*** |  | **Current** **Balance** |
|  |  |  | % | $ |  | $ |  |
|  |  |  | % | $ |  | $ |  |
|  |  |  | % | $ |  | $ |  |
|  |  |  |  | (\*If not paid in full each month) |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Debts (Residence, Auto, Business, School) |  | **Term** |  | **Interest Rate** |  |  | **Payment** |  | **Approximate** **Balance** |
|  |  |  |  |  | % | $ |  | $ |  |
|  |  |  |  |  | % | $ |  | $ |  |
|  |  |  |  |  | % | $ |  | $ |  |
|  |  |  |  |  | % | $ |  | $ |  |

|  |  |  |
| --- | --- | --- |
| **Have you received a copy of your credit report recently?**  | * Yes
 | * No
 |
| **Please comment on the advice you seek.** |  |
|  |
|  |
|  |
|  |
|  |

Confidential Questionnaire, Continued

Additional Information

|  |
| --- |
| **These items, as well as others, may be needed should you engage our services:** |
| * Prior year tax return
* Brokerage account statements
* Trust account statements
* Retirement plan account statements
* Loan documents
 | * Paycheck stubs
* Mutual Fund account statements
* Employee Benefits booklet
* Legal documents
* Insurance policies
 |

|  |
| --- |
| **For your financial consultation,*** if you will be coming to meet me, please bring this completed form with you.
 |
| * if we will be teleconferencing with you, please keep a copy of your completed form AND
 |
| send us a copy at: | **O’Neill Financial Planning LLC** 9423 La Bianco StreetEstero, FL 33967Phone: (941) 208-2779  |
| OR E-mail: | **pauleoneill@gmail****.com**  |