#### 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 Street  Estero, FL 33967  Phone: (941) 208-2779 |
| OR E-mail: | [**pauleoneill@gmail**](mailto:info@GarrettPlanningNetwork.com)**.com** |