

CONFIDENTIAL

QUESTIONNAIRE

for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this form is to help you in gathering the basic information about your current

financial situation which we will need in order to makethe best use of our time together. Without

knowing everything one is doing financially, it is next to impossible to discuss options available

because what may be right in one set of circumstances may be harmful in another. All

information provided will be strictly confidential.

If you complete the questionnaire as a Word document oncomputer, attach the saved document

to an email and return it to me at [jbona@bonafinancialgroup.com](mailto:jbona@bonafinancialgroup.com). If you are using the printed version, fax it

to 203-742-1464. Be as thorough as possible. If there are sections where you don’t have the

information readily available or are unsure what to put down, call or email me for clarification. If

necessary, leave it blank and we will get the information as we go forward. If you need more

space, use the Additional Comments section on the last page.

If you have any questions, call me at 203-742-1463.

A. FAMILY STATUS

Your Full Name

Date of Birth

Spouse (Full Name)

Date of Birth

Child

Date of Birth

Child

Date of Birth

Child

Date of Birth

Child

Date of Birth

Primary Residence Street & No.

City

State

Zip

Wedding Date

Home Phone

Cell Phones

Email Addresses

B. OCCUPATION / INCOME / FUTURE EXPECTATIONS

Yours (Position)

Employer

Work Phone

Current Base Salary

$

Annual Salary Increase

%

Bonus

$

Spouse (Position)

Employer

Work Phone

Current Base Salary

$

Annual Salary Increase

%

Bonus

$

Current Tax Bracket

%

Expected Retirement Tax Bracket

%

Expected Inflation Rate

%

Expected Credit Score

C. REAL ESTATE / MORTGAGES

Monthly

Payment

Remaining

Loan

Balance

Purchase

Date

Purchase

Price

Required

Down Pmt.

Original

Amount

Financed

Original

Term

Interest

Rate (%)

Current Market

Value (estimate)

Primary Residence

2nd Home

Other Real Estate

D. SAVINGS & TAXABLE INVESTMENTS (savings accounts, securities, mutual funds, annuities, etc.)

Investment Type/Name Institution

Contributions or

Withdrawals (yr)

Current

Account Balance

Cost Basis

Annual

Return %

Capital

Gains %

Owner

$

$

$

$

$

$

$

$

$

$

$

$

$

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$

$

$

$

$

E. CASH VALUE LIFE INSURANCE

Company/Policy Name Purchase Date

Annual

Contribution

Outstanding

Loans

Current

Cash Value

Death Benefit Named Insured Beneficiary

$

$

$

$

$

$

$

$

$

$

$

$

$

$

$

$

F. QUALIFIED RETIREMENT ACCOUNTS (IRA, 401k, SEP, Pension, etc.)

Investment Type/Name Institution

Contributions or

Withdrawals (/year)

Company

Match

Current

Account Balance

Annual

Return %

Owner

$

$

$

%

$

$

$

%

$

$

$

%

$

$

$

%

$

$

$

%

$

$

$

%

G. DEFINED BENEFITS (Corporate Benefit Plans, Social Security, Railroad Pension, etc.)

Benefit Provider

Annual Benefit COLA

Percent

Taxable

Benefit

Start Age

Benefit

End Age

Owner

$

%

%

$

%

%

$

%

%

$

%

%

H. PROTECTION

(Includes auto, homeowners or renters policies, major medical, disability, long term care, umbrella, and term life

insurance policies.)

Name of Company Named Insured Purchase Date Annual Premium Deductible Benefit/Coverage

$

$

$

$

$

$

$

$

$

$

$

$

$

$

$

$

$

$

Do you have a Will or Trust?

Yes /

No

Date Last Reviewed:

I. INSTALLMENT LOANS(Includes auto, personal loans, college loans, HELOCs, etc.)

Type of Loan Purpose

Monthly Payment

Interest

Rate (%)

Months

Remaining

Loan

Unpaid Balance

$

$

$

$

$

$

$

$

$

$

J. CREDIT / DEBT(Includes credit cards, store charges, checking credit lines, etc.)

Type of Credit

Monthly Payment

Monthly

New Charges

Interest

Rate (%)

Current

Unpaid Balance

Grace Period on

New Charges

$

$

%

$

Yes /

No

$

$

%

$

Yes /

No

$

$

%

$

Yes /

No

$

$

%

$

Yes /

No

K. OTHER FUTURE EXPENSES OR INCOME (College, Weddings, Inheritance, etc.)

Source/Description of Future Expense or Income

Anticipated Cost/Value

Expected

Event Age

Owner/Payee

$

$

$

Please bring to our next meeting (all that apply):

Paycheck Stubs

Company Benefit Statement or Summary

Statements on all Investments / Securities

Company Benefit Booklet

Bank Statements

Social Security Earnings Statement

Tax Return – most recent two years

Wills & Trust Documents

Insurance Policies

Medical

Car

Home

Other:

Life

Umbrella

Disability Income

Other:

DOCUMENT RECEIPT:

I have received the above checked documents for review and they will be kept confidential in a place of safe keeping.

Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments:(Other factors that could be important to your financial position.)