GLEN OAK™
FINANCIAL, INC.
Unique. Perspective.

CONFIDENTIAL QUESTIONNAIRE

Filling out this confidential questionnaire is the first step to developing a strong financial strategy. Please be assured that your information will be treated with the highest degree of confidentiality. If you have any questions, do not hesitate to call our office.

Please complete and mail or FAX this questionnaire to our office prior to your appointment.

What to bring to your appointment:
In order for us to offer a sound financial strategy, we strongly urge you to bring the following documents along with you to your appointment. Your documents will be held in a confidential manner during the time we need to review them. They will be returned to you as quickly as possible. If you prefer, bring duplicate copies of your financial papers to your appointment as they are acceptable.

The privacy and confidentiality of your personal information is very important to us at Glen Oak Financial. We adhere to all privacy and confidentiality requirements for all entities whose products or services we offer.

- ✓ **Income Tax Return(s)** for last year
- ✓ **Paycheck Stub(s)** for you and your significant other showing deductions from gross income
- ✓ **Statements** for each investment you own, where applicable
- ✓ **All Insurance Policies** *(please include declarations of coverage)*
    - Automobile and Homeowners Policies
    - Liability Coverages
    - Life Insurance Policies (for all members of your family)
    - Disability Income Insurance Policy
    - Any other types of insurance policies
- ✓ **Company-provided Group Benefits** for you and your significant other *(please include a printout of specific coverages if available)*
- ✓ **Will and Trust** documents

Note that I do not offer tax, legal, or accounting advice. Please consult with your own advisers for tax, legal or accounting advice.

FAMILY INFORMATION

Today's Date: ___________________

Family Data	Date of Birth	Birth Place
Your Full Name		
Significant Other Full Name		
Child		
Child		
Child		
Child		

Residence: Address			Home Phone # Your cell # Your partner cell #
City	State	Zip	

Email Address: Home	Work	Preference for use: ☐ Home ☐ Work
	Exp. Date	

Employment Data	Occupation/Specialty	Employer	How Long?
You			
Partner			

Your Employer's Address	City	State	Zip	Office Phone No.
Significant Other Employer's Address	City	State	Zip	Office Phone No.

	Base Salary	Estimated Bonus	Other Sources	Other Sources
Your Primary Income				
Significant Other Primary Income				

Financial Goals/Priorities

What are your most important financial goals?

____

What are your priorities? (please number 1 to 7) # __ Education # __ Retirement

__ Second Home # __ Family Security # __ Wealth Accumulation

__ Other ___________________________ # __ Other _____________________________

How much more could you save on a regular basis? ____

Is there anything disturbing you about your overall planning? _______________________________________

____

SAVINGS ASSETS

Institution	Account Balance	Account Deposit
Checking Account	$	$
Checking Account	$	$
Savings Account	$	$
Savings Account	$	$
Money Market Fund	$	$
Credit Union	$	$
Savings Bonds (Type) Maturity	$	$
Certificate of Deposit	$	$
Annuity	$	$
I.R.A.	$	$
I.R.A.	$	$
I.R.A.	$	$
I.R.A.	$	$
Your Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)	$	$
Significant Other Savings Plan at Work (401(k),TSA, 403(b), Profit Sharing)	$	$
Your Pension	$	$
Significant Other Pension	$	$
Other	$	$
Other	$	$
Other	$	$
Other	$	$

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INVESTMENT ASSETS

Stocks, Bonds, Mutual Funds, etc

Item	# of Shares	Account Balance	Annual Deposit
Mutual Funds		$	$
		$	$
		$	$
		$	$
Government Securities		$	$
		$	$
Corporate Bonds		$	$
		$	$
Municipal Bonds		$	$
		$	$
Stocks		$	$
		$	$
		$	$
		$	$
Partnerships		$	$
		$	$
Other		$	$
		$	$
		$	$
		$	$
		$	$

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REAL ESTATE & CONSUMER DEBT

Property	Year Purchased	Current Value	Balance of Mortgage	Monthly Payment	Interest Rate	Fixed or Variable
Your Residence		$	$	$	%	
2nd Mortgage		$	$	$	%	
Other Home		$	$	$	%	
Land		$	$	$	%	
Land		$	$	$	%	
Other		$	$	$	%	
Other		$	$	$	%	
Other		$	$	$	%	

Loan & Debt *Include personal loans, college loans, home improvement loans, automobile or boat loans, passbook loans, credit card balances, store charges, checking credit lines, etc.*

	Balance	Monthly Payment	Interest Rate	Insured?
Auto	$	$	%	☐ Yes ☐ No
Auto	$	$	%	☐ Yes ☐ No
Auto	$	$	%	☐ Yes ☐ No
Visa	$	$	%	☐ Yes ☐ No
MasterCard	$	$	%	☐ Yes ☐ No
Credit Card	$	$	%	☐ Yes ☐ No
Credit Card	$	$	%	☐ Yes ☐ No
Credit Card	$	$	%	☐ Yes ☐ No
Student Loan	$	$	%	☐ Yes ☐ No
Student Loan	$	$	%	☐ Yes ☐ No
Misc.	$	$	%	☐ Yes ☐ No
Misc.	$	$	%	☐ Yes ☐ No

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PROTECTIONS

Life Insurance

Name of Insurance Co.	Family Member Insured	Amount of Coverage	Type of Insurance	Annual Premiums
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$

Disability Income Insurance

Name of Insurance Co.	Family Member Insured	Amount of Coverage	Annual Premiums
		$	$
		$	$
		$	$
		$	$

Auto/Homeowners Insurance

Name of Insurance Co.	Coverage Amount	Property Insured	Limits of Liability	Annual Premiums
			$	$
			$	$
			$	$
			$	$
			$	$

How would you rate your knowledge of life, disability income or long term care insurance?
____

Do you have an umbrella liability policy? _________________________

How much? _________________________

What are the deductibles on your homeowners and auto policies? _______________/_______________

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ADDITIONAL INFORMATION

Do you have a valid Will or Trust? ☐ Yes ☐ No

Last time updated ___________________________

Do you have an Attorney? ☐ Yes ☐ No

Do you have an Accountant? ☐ Yes ☐ No

Is there anything further you think is important to tell us?

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