



Bleakley
FINANCIAL GROUP™

Confidential Financial Questionnaire

www.bleakley.com

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Securities offered through LPL Financial, Member FINRA/SIPC. Investment advice offered through Private Advisor Group and Bleakley Financial Group are separate entities from LPL Financial.

Documents Requested:

Please bring the following items to our initial meeting so that we can complete your personal financial analysis. We will scan the originals and return them all to you. Please note that all information provided to us is strictly confidential.

Income/Expenses

- Most recent tax return
- Two of your most recent paycheck stubs
- Monthly Expenses

Most Recent Retirement Planning Statements

- Statement of employer provided plan 401(k), 403(b) and/or profit sharing – contribution info for you/your employer
- Projection of your pension, state retirement plan, etc.
- Social Security Statements (www.ssa.gov/myaccount)
- Statements for all of your IRAs (Traditional and/or Roth)
- Any other retirement plan statements (former employer plans)
- Annuities

Most Recent Financial Account Statements

- Checking Accounts
- Brokerage Accounts
- Money Market and/or Savings Accounts
- CDs (maturity date, bank held and current interest rate)
- Mutual Funds

Most Recent Education Account Statements

- 529s, Coverdell ESA, UTMA/UGMA

Employee Benefits

- Group life insurance (cost and coverage)
- Group disability insurance (coverage and employer/employee costs)
- Supplemental life/disability insurance/long-term care (current coverage, available coverage, cost and payer)
- Other employer provided benefits or voluntary benefits

Personal Insurance Policies

- Life insurance
- Long-term disability insurance
- Long-term care insurance

Most Recent Statement Regarding Outstanding Liabilities

- Mortgages, HELOC, student loans, credit cards etc.

Estate Planning Documents

- Wills, Advanced Directives, Power of Attorney, Trust Agreements

Miscellaneous (if applicable)

- Divorce decree
- Business Partnership Agreements (buy/sell, key person)

Our job is to assist you in achieving your personal financial objectives as efficiently as possible. To assist you in communicating yours to us, we have included a list of objectives that we hear quite frequently. If any of these represent an objective of yours, simply check the box. Use the blank spaces to write in any additional objectives you may have. After you have listed all your objectives, go back and indicate the order of priority by writing in a number in the blank to the left of the circled objective.

Priority

- To minimize income taxes
- To have sufficient assets at retirement to allow freedom and independence
- To be able to fund the education desired for my/our children
- To provide a fund for my/our children to help them get started
- To have sufficient cash to meet unforeseen emergencies
- To get out of debt and have better control over my/our finances
- To be able to purchase a home in _____ years
- In the event of my death, to provide my family with sufficient income to maintain a reasonable standard of living
- To guard against unnecessary estate shrinkage at my death (taxes, administration)
- To have sufficient funds to start a business of my own
- To have sufficient income on which to live in the event of a prolonged illness or injury
- To fund a wedding, bar mitzvah, bat mitzvah or other celebration
- To have your investment portfolio analyzed and reviewed
- _____
- _____

Goals and Objectives

1. What are your most important short-term goals? (today – 3 years)
 - a.) _____ b.) _____ c.) _____
2. Mid-term goals? (3 – 7 years)
 - a.) _____ b.) _____ c.) _____
3. Long-term goals? (7+ years)
 - a.) _____ b.) _____ c.) _____
4. what major purchases do you anticipate with in the next five years?
(Please indicate timing and \$ amount needed)

5. What is your biggest financial concern most likely to keep you awake at night?

6. Do you follow a systematic plan for savings and investments?
(yes no) if yes describe

Date Questionnaire Completed: _____

Referred By: _____

Additional information may be required, please provide contact preferences below:

What are the best days and times to contact you?

	am	pm
MON		
TUE		
WED		
THU		
FRI		

Preferred Contact Method:

- email
- home phone
- work phone
- mobile phone

	Client	Spouse
Name		
Nickname		
Date of Birth		
Phone Number	home mobile work	home mobile work
Email	personal work	personal work
Home Address		
City, State, Zip		
Social Security #		
College/Year		
Post Grad/Year		
Interests/Hobbies		
Prior Marriages		

Children/Dependents	Sex	DOB	Grade	Dependent
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y

*List the grade student will be in during the fall of the current calendar year.

Do you anticipate additional children or dependents? If so please estimate how many and when?

Do you, your children, or other dependents have any special medical or other situation that would impact your finances? If so please explain.



Client			
Father	Name	DOB	City/St.
Mother	Name	DOB	City/St.
Sibling	Name	DOB	City/St.
Sibling	Name	DOB	City/St.
Sibling	Name	DOB	City/St.
Sibling	Name	DOB	City/St.
Grandchild	Name	DOB	Parent
Grandchild	Name	DOB	Parent
Grandchild	Name	DOB	Parent
Grandchild	Name	DOB	Parent

Co-Client/Spouse			
Father	Name	DOB	City/St.
Mother	Name	DOB	City/St.
Sibling	Name	DOB	City/St.
Sibling	Name	DOB	City/St.
Sibling	Name	DOB	City/St.
Sibling	Name	DOB	City/St.

Is there anyone that you are now supporting, or potentially will be in the future?

	Client	Spouse
Employer		
Occupation		
Job Title		
Start Date		
Address		
Assistant		
Future Plans		

	Client	Spouse
Base Salary		
Commissions		
Bonus (when received)		
Self-Employment Income		
Pensions		
Annuities		
Social Security		
Rental Income		
Tax Refund		
Other		
Other		
TOTAL		

Do you know what your monthly expenses are? If so _____/month?

Do you anticipate any significant changes in your income going forward?

Educational Goals

Child's Name	K-12		Undergraduate		Graduate				
	State	Private	State	Private	State	Private			
	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Tuition \$ _____

*Please provide statements

1. Are you or do you intend to pay the entire cost?

 yes no If no, what percentage? _____%

2. What inflation rate would you feel comfortable using for planning purposes? _____%

3. In the event of a death or disability, would you like the education plans to be funded?

 yes no

Educational Assets

Child's Name	Account Type	Balance	Contributions
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

*Please provide statements

1. What do you envision your retirement looking like?

2. At what age would you like to be in a position to not have to work? _____

3. In today's dollars, how much after-tax monthly income would you like to have at retirement age? \$ _____

4. Do you plan on working during retirement? (yes no) If yes, what could you earn? \$ _____

5. Will you have a pension at retirement? (yes no) *Provide pension details
If so when will it start? _____ What is the projected benefit? _____

Client

6. Do you anticipate receiving an inheritance? (yes no)
If yes, how much? \$ _____ Should we include in projections? (yes no)

Spouse

Do you anticipate receiving an inheritance? (yes no)
If yes, how much? \$ _____ Should we include in projections? (yes no)

7. Would you like us to include your Social Security projections into your model? (yes no)

Retirement Assets					
Type of Account	Where Held	Owner	Current Balance	Annual Contributions	Company Match

*Type: IRA , Roth, 401(k), 403(B)



Non-Qualified Accounts

Institution Name	Titled in the name of			Dollar Amount	Annual Additions
	Client 1	Client 2	JO		

	Residence	Second Home	Rental #1	Rental #2	Rental #3
Location					
Ownership (Joint, Client 1, etc.)					
Original Purchase Price					
Present Market Value					
Interest Rate on Mortgage***					
Mortgage Term (Years left)					
Principal & Interest Payment					
Real Estate Taxes					
Additional Payments					
Current Mortgage Balance					
Amount owed on Home Equity Loan					
Second Mortgage & Date**					
Monthly Payment					
Gross Rental Income					

**Please provide most recent mortgage statement.

1. Do you own options? yes no If yes, please provide a schedule outlining type, grant date, grant price, number of shares, vesting dates & expiration date.

2. Are the options granted to you as an employee? yes As a board member? yes
As an Officer? yes Do you own commodities, precious metals and/or collectibles? yes no
If yes, describe. _____

3. Do you have a professional practice? Partnership yes no S Corporation yes no
SoleProprietorship yes no
Percent/Owner: _____ Estimated Current Value & Method of Evaluation: _____

4. Do you own any stock in a closely held corporation? yes no
If yes, describe . _____

Approximate Value: _____ Are any of your assets pledged? yes no
If yes, explain. _____

5. Do you have an interest in any limited partnership(s)? yes no
If yes, please provide most recent K-1.

6. Do you have any accounts or notes owed to you? yes no
If yes, describe. _____



	#1	#2	#3	#4	#5	#6
Description						
Borrower						
Current Balance						
Interest Rate						
Payment Frequency						
Payment Amount						



LIFE	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
Owner					
Insured					
Individual or Group/Assoc.					
Policy Number					
Face Value					
Type*					
Carrier					
Primary Beneficiary (s)					
Contingent Beneficiary (s)					
Premium Payor					
Total Cash Value					
Rating Class					
Riders					
Date Acquired					
Annual Premium					

*Type: (W) Whole Life, (V) Variable Life, (T) Term Life (if term, indicate number of years)

*Please include statements of all policies

What are your general thoughts about life insurance?

What was your rationale for the amount of life insurance you currently own?

Do you want the insurance to be in force when you die assuming you live to life expectancy or just if you die prematurely?

At what age would you be comfortable not owning any life insurance? _____



LONG-TERM DISABILITY	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
Insured					
Individual/Group					
Carrier					
Policy #					
Monthly Benefit					
Beginning Date					
COLA					
Benefit Period					
Definition of Disability					
Premium					
Exclusion Riders					
Premium Payor					

LONG-TERM CARE	Policy #1	Policy #2	Policy #3	Policy #4	Policy #5
Insured					
Carrier					
Policy #					
Daily/Monthly Benefit					
Beginning Date					
COLA					
Benefit Period					
Premium					
Riders					

Do you know anyone who has needed long-term care services?

Client 1: yes no _____ Client 2: yes no _____

If yes, who and what was the impact on the family?

Have you considered the impact to your lifestyle if a parent or in-law became dependent on you for long-term care?

Client 1: yes no _____ Client 2: yes no _____

Do you know anyone that has been a long-term care provider?

Client 1: yes no _____ Client 2: yes no _____

Are you familiar with the costs of providing long-term care?

Client 1: yes no _____ Client 2: yes no _____

If you needed long-term care, would you want a family member to be responsible for your care?

Client 1: yes no _____ Client 2: yes no _____

Please provide copies of wills, trusts, powers of attorney & advance directives.

	Client	Spouse
What kind of wills do you have? (i.e. Simple, Bypass, Two Trust, etc.)	_____	_____
Date drawn:	___/___/___	___/___/___
Date it was last reviewed:	___/___/___	___/___/___
State in which it was drawn:	_____	_____
Name of person who wrote your will:	_____	_____

1. Do these wills accomplish your desired current objectives? yes no
Details: _____

2. Are you interested in preserving estate values to pass to your children? yes no
Details: _____

3. Have you named a guardian for your children? yes no
If Yes, who? _____

4. Who is the executor? _____
5. If trust is involved, who is trustee? _____
6. Do you have a pre- or post- nuptial agreement? yes no
7. Are your beneficiaries good at managing money? yes no
Details: _____

8. Do you have any heirs with special needs? yes no
Details: _____

9. If **Client** died first, could **Spouse** ... Carry on your business? yes no
Manage investments? yes no If no, please specify who could: _____
9. If **Spouse** died first, could **Client** ... Carry on your business? yes no
Manage investments? yes no If no, please specify who could: _____
11. Do you want to leave any special bequests to churches, schools, civic groups, or charities?
 yes no Details: _____

12. Have you made any sizeable gifts to relatives or other non-charitable beneficiaries? yes no
Details: _____



	Accountant	Estate Attorney	Investment Advisor	Insurance Advisor	Personal Advisor
Name					
Address					
Email					
Phone					

