



OakCrest Confidential Questionnaire

Client: _____

Date: _____

Please complete this checklist to the best of your ability and bring it with you to your initial consultation. If you have trouble completing a section of the questionnaire, leave it blank and we can discuss during our meeting.

Document Checklist

Please bring your most recent copies of the following documents/statements to your meeting.

Tax Documents

- Tax return
- W-2
- Paystub
- Estimated yearly taxes

Insurance Statements

- Auto
- Homeowners
- Life
- Long-term care
- Disability

Liability Statements

- Mortgage
- Home equity loan
- Auto loan
- Student loan
- Credit card statement(s)

Estate Planning Documents

- Will
- Durable Power of Attorney
- Health care proxies
- Living Will
- Living Trust
- Irrevocable Trust

Retirement Statements

- Retirement accounts
- Pension
- 401(k)/403(b)
- SEP/SIMPLE/Keogh
- IRA/Roth IRA
- Stock options
- Stock purchase plan agreements
- Social Security benefit statements

Other

- _____
- _____
- _____
- _____

For Business Owners Only

- Business retirement plan
- Business life insurance
- Business tax returns
- Business financial statements
- Buy/sell agreements
- Business agreements

Personal Information

	Client	Partner
Name		
Address		
Primary phone		
Secondary phone		
Primary email		
Secondary email		
Date of birth		
Social Security number		
Occupation		
Are you retired? If not, please complete the rest of this section.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current employer		
Work address		
Years employed		
Work email		

Children

Name: _____

Date of birth: _____

Dependent: Yes No

Married: Yes No

Name: _____

Date of birth: _____

Dependent: Yes No

Married: Yes No

Name: _____

Date of birth: _____

Dependent: Yes No

Married: Yes No

Name: _____

Date of birth: _____

Dependent: Yes No

Married: Yes No

Current Income

	Client	Partner
Base income		
Commissions		
Bonus		
Stock options		
Rental income		
Social Security		
Pension		
Trust		
Royalties		
Fees		
Other:		
Other:		
Other:		

Current Cash Flow

	Client	Partner
Estimated retirement date (if not already retired)		
Annual contributions to 401(k)/403(b)		
Employer match percentage (if any)		
IRA contributions		
Roth IRA contributions		
Do you have a pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual amount saved outside of a retirement account		

Current Advisors

	Name	Company	Email	Phone
Financial advisor				
Insurance agent				
Accountant				
Attorney				
Other:				

Estate Documents

	Client/Spouse/Both	Date Drafted	Last Reviewed	State Drafted
Will				
Living Will				
Testamentary Trust				
Revocable Trust				
Irrevocable Trust				
Healthcare Power of Attorney				
Financial Power of Attorney				
Other:				

Questions

Have you worked with a financial advisor before? Yes No

If yes, what are you looking for in a new advisor? _____

Who do you want present in our meetings to help make decisions for you?

Investments: If you are planning to purchase investments and open accounts with us, please request our risk tolerance questionnaire during our initial meeting.

When was the last time your estate documents were reviewed? _____

When was the last time your beneficiary information was reviewed? _____

Do you feel adequately insured, overinsured, or underinsured? _____

What are you concerned about in your financial plan that OakCrest Capital, LLC can help you with?

Thank you for completing this confidential questionnaire. If you are a business owner, please continue to the next page so we can learn about your business structure.

For Business Owners Only

Business Details

Ownership percentage: _____

Other owners (if applicable): _____

Tax status: Sole proprietor S-corp C-corp LLC

Number of employees: _____

Business Retirement Plan

Plan manager: _____

Number of participants: _____

Purpose of plan: _____

When was the last time your plan was reviewed? _____

What else do we need to know about your business?

Notes:

Notes:

Notes:



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