

# 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	Retirement Statements	
☐ Tax return	☐ Retirement accounts	
□ W-2	☐ Pension	
☐ Paystub	☐ 401(k)/403(b)	
☐ Estimated yearly taxes	☐ SEP/SIMPLE/Keogh	
Insurance Statements	☐ IRA/Roth IRA	
	$\square$ Stock options	
□ Auto	$\square$ Stock purchase plan agreements	
☐ Homeowners	☐ Social Security benefit statements	
□ Life		
☐ Long-term care 	Other	
□ Disability		
Liability Statements		
☐ Mortgage		
☐ Home equity loan		
☐ Auto Ioan		
☐ Student Ioan	For Business Owners Only	
☐ Credit card statement(s)		
	Business retirement plan	
Estate Planning Documents	☐ Business life insurance	
□ Will	☐ Business tax returns	
☐ Durable Power of Attorney	☐ Business financial statements	
☐ Health care proxies	☐ Buy/sell agreements	
☐ Living Will	☐ Business agreements	
☐ Living Trust		
☐ Irrevocable Trust		

## **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.	☐ Yes ☐ No	☐ Yes ☐ No	
Current employer			
Work address			
Years employed			
Work email			
Children			
Name:	Name:		
Date of birth:	_ Date of birth:		
Dependent: Yes No	Dependent:	Yes No	
Married: Yes No	Married: 🗌 Yes	s No	
Name:	Name:		
Date of birth:	_ Date of birth:		
Dependent: Yes No	Dependent:  Yes No		
Married: 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?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a budget?	☐ Yes ☐ No	☐ Yes ☐ No
Annual amount saved outside of a retirement account		

#### **Non-retirement Assets**

Account Type (e.g., savings, checking, money market, savings bond, CD, 529, etc.)	Bank/Institution	<b>Title</b> (e.g., Joint, Sole, Trust, etc.)	Current Balance (approx.)

#### **Retirement Assets**

Account Type (e.g., 401(k), 403(b), IRA, Roth IRA, etc.)	Bank/Institution	<b>Title</b> (e.g., Joint, Sole, Trust, etc.)	Current Balance (approx.)

## **Property**

	Owner (Joint, Sole, Trust, etc.)	Purchase Price	Current Value
Primary residence			
Secondary residence			
Additional property:			
Additional property:			
Additional property:			
Vehicle			
Vehicle			
Vehicle			
Jewelry			
Collectibles			
Antiques			
Other:			
Other:			
Other:			

## Liabilities

<b>Type</b> (e.g., mortgage, home equity loan, auto, student loan, credit card, etc.)	Interest Rate	Balance	Maturity Date	Monthly Payment

#### Insurance

Policy Type (e.g., auto, home, umbrella)	Company	Deductibles	Liability Limits	Premium

Policy Type (e.g., life, disability, long-term care)	Company	Coverage	Type (e.g., universal, short-term/long- term disability, etc.)	Cash Value	Premium

Policy Type ( e.g., medical, dental, vision, HSA, flex spending, etc.)	Company	Deductible	Out-of-Pocket Maximum	Lifetime Maximum	Premium

#### **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 husiness owner places continue to

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: $\square$ Sole proprietor $\square$ S-corp $\square$ C-corp $\square$ 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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