

# Data Organizer

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please complete this questionnaire in advance and bring it to your first appointment.

**We will hold this information in strict confidence.**

## Personal Information

Name: .....	Name: .....
Date of Birth: .....	Date of Birth: .....
Employer: .....	Employer: .....
Occupation: .....	Occupation: .....
Drivers Lic. #: .....	Drivers Lic. #: .....
Drivers Lic issue & exp: .....	Drivers Lic issue & exp: .....
Social: .....	Social: .....

## Dependents and or Beneficiaries

Name: .....	Name: .....
Date of Birth: .....	Date of Birth: .....
Relationship: .....	Relationship: .....
Name: .....	Name: .....
Date of Birth: .....	Date of Birth: .....
Relationship: .....	Relationship: .....

**Eugene Office**  
 390 High Street  
 Eugene, OR 97401  
 541-868-3800

**David Bonebrake, CERTIFIED FINANCIAL PLANNER™**  
[david@bonebrake.com](mailto:david@bonebrake.com)  
[www.davidbonebrake.com](http://www.davidbonebrake.com)  
 Toll Free: 888-590-1824

## Contact Information

Street: .....

.....

City: ..... State, Zip Code: .....

Phone Number: ..... Phone Number: .....

Work Phone ..... Work phone: .....

Cell Phone: ..... Cell Phone: .....

Fax: ..... Fax: .....

Email: ..... Email : .....

## Retirement

Name:		
How old are you?		
At what age do you expect to retire?		
What is your Social Security per month at 62 and at your full retirement age?		
How much do you contribute to each retirement account (401(k), IRAs, SEP, Keogh)? Include any employer match. (i.e. IRA - \$3,000)		

## Asset Protection

What insurance do you carry? Please provide company name, covered amount, deductible, and premium cost.

	Company Name	Covered Amount	Deductible	Premium Cost
Homeowner's:	.....	.....	.....	.....
Auto:	.....	.....	.....	.....
Umbrella:	.....	.....	.....	.....
Disability:	.....	.....	.....	.....
Long-Term Care:	.....	.....	.....	.....
Life:	.....	.....	.....	.....
Other:	.....	.....	.....	.....

## Goals & Objectives

1. What are your top financial concerns?

2. What are your top financial goals?

3. What are your top financial dreams?

4. What three significant "things" do you want to accomplish during the next ten years?

5. What is standing in your way?

6. What life-goals do you want to accomplish once you achieve financial independence?

7. Do you have any educational goals for yourself, children, grandchildren, etc?

8. How much cash reserve do you feel is adequate?

9. When will you purchase your next car?

For how much?

How often will it be replaced?

10. Do you plan to purchase a new home?

When?

For how much?

11. Will you decrease or increase your expenditures in retirement?

By how much?

12. Will you relocate to another State at retirement?

Which State?

### Other Issues

1. How is your health? Are there any issues we need to be aware of?

2. How are your parents' financial health & status? Do you expect any inheritance(s)? If so, approximately when and how much?

3. Do you or your life partner need life insurance?

4. Do you feel you need long term care insurance?

5. Do you feel you need disability insurance?

## Healthcare and Insurance Post Retirement

1. Do you feel Medicare is adequate healthcare for you and your spouse or life partner?
2. Do we need to consider additional health insurance post retirement?

## Estate Planning

1. Do you have an up-to-date estate plan (wills, trusts, financial & medical powers of attorney, and living wills)? If so, please provide date, executor, or trustee name:
2. If your children are minors, have you selected a guardian?
3. Do you plan to make significant lifetime gifts to your children?
4. Do you wish to provide an inheritance to your children?
5. Have you included charitable giving in your estate plan?

**Any Other Issues We Should be Aware of?**