Targeted (Short Form)
Confidential Questionnaire

The following information is requested in order to provide you with an accurate analysis representative of your present circumstances. New York Life Insurance Company, its agents and its employees do not give legal, accounting or tax advice. Everyone should seek the advice of his or her own professional advisors before taking any action in regard to this material.

GLEN OAK™
FINANCIAL, INC.
Unique. Perspective.

Nautilus Member: ______________________________

Information	Client	Spouse
Name		
Date of birth		
State of domicile		
Citizenship		
Health issues? (Describe)		
Names & ages of children of this marriage		
Names & ages of children of prior marriages		

Asset	FMV	Debt on Asset	Ownership				
			Client	Spouse	Community Property	JTROS	Other (Specify)
Cash accounts			☐	☐	☐	☐	✔
Home			☐	☐	☐	☐	✔
Other real estate			☐	☐	☐	☐	✔
Closely held business			☐	☐	☐	☐	✔
Securities			☐	☐	☐	☐	✔
Notes receivable			☐	☐	☐	☐	✔
Art/Jewelry/Collectibles			☐	☐	☐	☐	✔
Other household items			☐	☐	☐	☐	✔
Autos & other vehicles			☐	☐	☐	☐	✔
Other (specify)			☐	☐	☐	☐	✔
			☐	☐	☐	☐	✔

IRAs and Qualified Plans				
Participant	Type of plan	Beneficiary(ies)	Current Value	Projected Annual Income (Defined Benefit plans only)

☐ Besides the above, what income or assets (including inheritance) will be available at retirement? *(Specify amounts.)*

Life Insurance & Deferred Annuities				
Insured(s) / Annuitant(s)	Beneficiary(ies)	Owner(s)	**Net** Cash Value	(Life insurance only) **Net** Death Benefit

☐ What are your fastest growing assets? For each, **what growth rate** do you expect for the foreseeable future?

- Unless otherwise specified, 5% annual growth will be assumed for all assets.

Survivor and Retirement Income Need Analysis	
What amount of annual income would your spouse need in the event of your death?	$
At what age do you expect to retire?	
How much annual income will you want at retirement?	$
What is your current income (all sources)?	$
How much of that income would cease if your life ended?	$
What is your current income tax bracket (federal plus state)?	%

☐ Describe your current wills: ☐ All to spouse ☐ Credit shelter bypass ☒ None

☐ Are there any special needs (financial or medical) of parents, children, or other family members? *(Describe.)*

☐ Have you ever made "lifetime exclusion" gifts? *(Provide type of asset, and approximate date and value.)*

- *(If yes)* Were gift tax returns filed? ☐ Yes ☒ No

☐ Is protection from predatory creditors (including children's ex-spouses) important to you? ☒ Yes ☐ No

☐ Are there specific charitable objectives you would like to see fulfilled? *(Describe charity, timing, and amount.)*

☐ Obtain copies of wills, trusts, business agreements and other legal documents.

Closely Held Business Owners

☐ What is the full legal name of your company?

____

☐ Type of business entity:

- ☐ Sole proprietorship
- ☐ General partnership
- ☐ Limited partnership
- ☐ C corporation
- ☐ S corporation
- ☐ Limited liability company
- ☐ Limited liability partnership
- ☐ Limited liability limited partnership
- ☒ Other: ________________

☐ Number of full-time employees: __________

☐ Are any family members employed in the business? If yes, describe any future plans for increased responsibility and/or ownership:

Business Owner	Ownership %	Income *from the Business*	Age	Active vs. Non-active
	%			Select
	%			Select
	%			Select
	%			Select
	%			Select
	%			Select
	%			Select

☐ Who will own your business interest in the event of your retirement, disability or death?

- *(If more than one owner:)* Is there a *written* buy-sell agreement? ☐ Yes ☒ No

☐ Which non-owner employees are "key" to the continued success of the company? *(Provide responsibilities, ages and total compensation.)*

- ❑ Does the company currently provide any employee fringe benefits? Describe.

- ❑ How much company debt do you currently guarantee? $____________ Is this amount typical? ☐ Yes ■ No
- ❑ Are there other assets, liabilities, issues, or objectives that should be considered in this analysis?

Dharmesh Goel, CLU®, LUTCF®, MBA

Glen Oak Financial, Inc.

2001 Butterfield Road, Suite 800
Downers Grove, IL 60515
☏ (630) 795-6985
dgoel@glenoakfinancial.com
https://www.glenoakfinancial.com
CA Insurance License Number 0E90091
AR Insurance License Number 8428861