

CONFIDENTIAL QUESTIONNAIRE

Please complete and return prior to our next appointment.



Bondar & Associates
FINANCIAL AND INSURANCE SERVICES

BONDAR & ASSOCIATES Financial and Insurance Services

California Insurance License #OB81403
4366 Auburn Blvd., Sacramento, CA 95841
(916-483-0300) / (888-95-WORTH)
www.bondar-associates.com

DATE COMPLETED _____

ABOUT YOU

First, Last Name:		Date of Birth:
Home Address (Incl. City, State, Zip):		
Cell Phone Number:	Non-Corporate Email:	
Employer/Company:	Job Title:	
Work Address:		
Work Phone Number:	Annual Income:	Other Income:

YOUR SPOUSE/SIGNIFICANT OTHER

First, Last Name:		Date of Birth:
Cell Phone Number:	Non-Corporate Email:	
Employer/Company:	Job Title:	
Work Address:		
Work Phone Number:	Annual Income:	Other Income:

YOUR CHILDREN

Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

ADDITIONAL PERSONAL & FINANCIAL INFORMATION

<p>Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Year Created: _____</p> <p> Name of Executor/Trustee: _____</p> <p> Guardian: _____</p> <p>Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Market Value: _____</p> <p> Mortgage Balance: _____</p> <p> Interest Rate: _____</p> <p> What is the mortgage payment/type of loan? _____</p> <p>Is there a 2nd? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you have an accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Name: _____</p> <p>Do you have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> Name: _____</p> <p>Loans and Debts:</p> <p> Automobile: _____</p> <p> Personal Loan(s): _____</p> <p> Credit Card(s): _____</p> <p> Other: _____</p> <p> _____</p> <p> _____</p> <p>Do you have any hobbies/interests?</p> <p>Please tell us about them! 😊</p> <p>_____</p> <p>_____</p>
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FINANCIAL GOALS & PRIORITIES

List your most important financial goals: _____

Your priorities (select all that apply):

- Retirement Estate Transfer Wealth Accumulation Education
 Family Security Leave a Legacy Buy a Business Sell a Business
 Other (please specify): _____

Is there anything about your current finances that you would like to change? (Please specify).

How much more would you like to save on a regular basis? (Amount). _____

Are you expecting a change in your financial situation? Yes No

Please specify circumstances/amount: _____

AUTO INSURANCE

Comprehensive: Yes No
 Deductible: _____
 Collision: Yes No
 Deductible: _____
 Liability Amount: _____
 Uninsured Motorist
 Amount: _____

HOME INSURANCE

Full Replacement Value? Yes No
 Do you carry an umbrella liability policy?
 Yes No
 Amount: _____

LONG TERM CARE INSURANCE

Do you carry a Long-Term Care insurance policy? Yes No
 Amount: _____

DISABILITY INCOME INSURANCE

FAMILY MEMBERS INSURED	COMPANY	ANNUAL PREMIUM	COVERAGE AMOUNT

LIFE INSURANCE

INSURED	TYPE (WHOLE, TERM, ETC)	COMPANY	ANNUAL PREMIUM	COVERAGE AMOUNT

PRE-TAX FINANCIAL PRODUCTS & QUALIFIED PLANS

ACCOUNT TYPE	CURRENT VALUE	CURRENT INTEREST RATE / ROR	ANNUAL CONTRIBUTION/MATCH	NOTES
401(k) -or- 403(b)				
401(k) -or- 403(b)				
Company Retirement Plans				
IRA (Except Roth)				
IRA (Except Roth)				

AFTER-TAX FINANCIAL PRODUCTS & QUALIFIED PLANS				
ACCOUNT TYPE	CURRENT VALUE	CURRENT INTEREST RATE / ROR	ANNUAL CONTRIBUTION	NOTES
ESPP / ESIP				
Stock Accounts				
Stock Options				
Real Estate (Except Primary Residence)				
Mutual Funds				
Roth IRA				
Roth IRA				
Cash Value Life Insurance				
Municipal Bonds				
Bonds				
Annuities				
CDs				
Savings				
Money Market				

Disclosure

All information is kept strictly confidential.

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As a New York Life Agent, Andrew Bondar is licensed and authorized to offer insurance in California, but BONDAR & ASSOCIATES FINANCIAL AND INSURANCE SERVICES may not be. For additional information on California licensure status, please click [here](#).

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