



# OATLEY & DIAK, LLC



## CONFIDENTIAL QUESTIONNAIRE

### Personal Information

#### Client

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation \_\_\_\_\_  Check here if you are retired

When do you plan to/did you retire? \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Office Phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### Spouse

Name \_\_\_\_\_

Occupation \_\_\_\_\_  Check here if you are retired

When do you plan to/did you retire? \_\_\_\_\_

Employer \_\_\_\_\_ Birthdate \_\_\_\_\_

Employer's Address \_\_\_\_\_

Office Phone \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Personal Information

### Dependents

\_\_\_\_\_  
Name

\_\_\_\_\_  
Sex                      Birthdate                      Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Sex                      Birthdate                      Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Sex                      Birthdate                      Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Sex                      Birthdate                      Relationship

In order of importance, what are your three most critical financial issues?

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which would best describe your past approach to your investments?

- Do-It-Yourselfer – You find great satisfaction and comfort in being involved in the day-to-day management of all of your financial affairs and decisions.
- Collaborator – You want an advisor to do the majority of the financial analysis, but expect to be involved in the key investment decisions.
- Delegator – You search for a financial professional because you are serious about your wealth, but have no desire or time to manage it yourself.

Which would best describe your desired future approach to your investments?

- Do-It-Yourselfer       Collaborator       Delegator

What is your household income? \_\_\_\_\_



### Assets and Net Worth

#### Current Investments by Tax Category

Please list the total value of all investments based on the "Tax Category."

	Client 1	Client 2	Joint	=	Total Value
Bank Accounts	_____	_____	_____	=	_____
Taxable Investments	_____	_____	_____	=	_____
Tax Exempt (Roth) Accounts	_____	_____	_____	=	_____
Employer Plans (401k, ESOP, Profit Sharing)	_____	_____	_____	=	_____
Individual Plans (IRA, Annuities, Cash Value of Variable Life Insurance, or other tax deferred investments)	_____	_____	_____	=	_____

#### Non-Investment Assets and Liabilities

Please list those assets you hold, such as business interests, savings, real estate, and collectibles that were not included in the investment assets above.

Other Assets (Enter approximate value of home, rental property, etc)

Description	Client 1	Client 2	Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Liabilities (Enter current amount for debts, mortgages, loans, etc)

Description	Client 1	Client 2	Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____