



## CONFIDENTIAL INFORMATION QUESTIONNAIRE

**Bonanno Financial Advisors LLC**

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Securities and advisory services offered through  
Cetera Advisor Networks LLC, member FINRA/SIPC.  
Cetera is under separate ownership from any other named entity.

**PERSONAL INFORMATION**

NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
EMAIL: \_\_\_\_\_

DATE : \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

**FAMILY INFORMATION (including yourself)**

<u>NAMES</u>	<u>DOB</u>	<u>AGE</u>	<u>SOCIAL SECURITY #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any other person(s) you are financially supporting now or plan to support in the future?

If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Do you contribute to a charity/church as a fixed percentage or dollar amount before considering your own financial situation?

If so, how much? \$\_\_\_\_\_ per year \_\_\_\_\_% What organization?

\_\_\_\_\_

Is there any other family related information that I should know about when providing you with financial advice?

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

NAME: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
YEARS OF SERVICE: \_\_\_\_\_  
LAST YEAR'S INCOME: \_\_\_\_\_  
THIS YEAR'S INCOME: \_\_\_\_\_

NAME: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
YEARS OF SERVICE: \_\_\_\_\_  
LAST YEAR'S INCOME: \_\_\_\_\_  
THIS YEAR'S INCOME: \_\_\_\_\_

Do you have any other significant source of income? (i.e. family trust, child support, alimony, etc?)

\_\_\_\_\_  
\_\_\_\_\_

Do you own your own business? Yes or No

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Business: Sole Prop.  
S-Corp.  
C-Corp. (circle one)  
Partnership  
LLC

Number of Employees: \_\_\_\_\_

Year Established: \_\_\_\_\_

Describe your business.

\_\_\_\_\_  
\_\_\_\_\_

Are there any significant career changes in the next 1-3 years planned? Yes or No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**ASSETS**

Savings, CDs, Money Markets, Stocks, Bonds, Mutual Funds, IRAs, Annuities, Retirement Plans (include company match), House, Rental Property, Business Interest, Trust Accounts, Time Shares, Collectables, etc...

<u>ASSETS</u>	<u>OWNERSHIP</u>	<u>MARKET VALUE</u>	<u>MONTHLY SAVINGS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DEBTS/LIABILITIES**

<u>DEBT</u>	<u>OWNER</u>	<u>BALANCE</u>		<u>PAYMENT</u>	<u>PAYOFF DATE</u>
		<u>DUE</u>	<u>%</u>		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**CASH FLOW**

AVERAGE MONTHLY HOUSEHOLD EXPENSES: \$ \_\_\_\_\_  
AVERAGE MONTHLY AMOUNT CURRENTLY SAVED/INVESTED: \$ \_\_\_\_\_  
AVERAGE MONTHLY AMOUNT ABLE TO SAVE/INVEST: \$ \_\_\_\_\_

**LIFE INSURANCE**

Do you and/or family members have life insurance?

INSURED'S NAME

AMOUNT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you have this protection? \_\_\_\_\_  
\_\_\_\_\_

How long do you want your life insurance protection to last? \_\_\_\_\_  
\_\_\_\_\_

**LONG TERM DISABILITY INSURANCE**  
**(LTD)**

Do you and/or your spouse have LTD insurance?

INSURED'S NAME

MONTHLY BENEFIT

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you have LTD protection? \_\_\_\_\_  
\_\_\_\_\_

How long do you want your LTD protection to last? \_\_\_\_\_  
\_\_\_\_\_

**LONG TERM CARE INSURANCE**  
**(LTC)**

Do you and/or family members have LTC insurance?

INSURED'S NAME

DAILY BENEFIT

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you have LTC insurance? \_\_\_\_\_  
\_\_\_\_\_

## MISCELLANEOUS

Do you have a will(s)?	Yes or No
Do you have a health care proxy?	Yes or No
Do you have a power of attorney?	Yes or No

Please list your attorney's name, address and phone:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Please list your accountant's name, address and phone:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Please list any other finance related advisor you consult regarding your financial planning:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

## PERSONAL GOALS

In your own words, please list in order the TOP (3) reasons you are seeking my financial planning advice:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EXAMPLES:**

- \*SECURING AN ADEQUATE RETIREMENT INCOME
- \*PROVIDING COLLEGE FUNDS FOR OUR CHILDREN
- \*GENERAL FINANCIAL PLANNING UPDATE/IMPROVEMENT
- \*SEEKING TAX RELIEF FROM OUR CURRENT INVESTMENTS
- \*TRYING TO SYSTEMATICALLY SAVE MORE/ACCUMULATION
- \*CONSOLIDATE OUR DEBT AND MANAGE CASH FLOW BETTER