

# Confidential Questionnaire

Please complete and return prior to our next appointment.

DATE COMPLETED \_\_\_\_\_

**BONDAR & ASSOCIATES**  
 Financial and Insurance Services  
 California Insurance License #0B81403  
 4366 Auburn Blvd., Sacramento, CA 95841  
 (916-483-0300) / (888-95-WORTH)  
 www.bondar-associates.com

About You		
Name:	Date of Birth:	
Address:		
Telephone #:	Non-Corporate Email:	
Employer:	Job Title:	
Work Address:		
Work Telephone #:	Salary: \$	Other Income: \$

Your Spouse		
Name:	Date of Birth:	
Telephone #:	Non-Corporate Email:	
Employer:	Job Title:	
Work Address:		
Work Telephone #:	Salary: \$	Other Income: \$

Your Children		
Name:	Date of Birth:	
Name:	Date of Birth:	
Name:	Date of Birth:	

Miscellaneous Items						
Do you have a will?	NO.	YES.	Living Trust?	NO.	YES.	Year Drafted:
Name of executor/trustee:					Guardian:	
Do you have an accountant?	NO.	YES.	Name:			
Do you have an attorney?	NO.	YES.	Name:			
Do you have any hobbies?	NO.	YES.	List:			
Do you own your home?	NO.	YES.	Market Value: \$	Mortgage Balance: \$	Interest Rate: %	
What is the Mortgage Payment/Type of Loan?				Is there a 2nd?	No.	Yes.
<b>Loans and Debts</b>	Car:	Personal loans:	Credit cards:	Other:		

Financial Goals/Priorities				
Your most important financial goals:				
Please check off your priorities:	Retirement Family Security Other, specify:	Estate Transfer Leave a Legacy	Wealth Accumulation Buy a Business	Education Sell a Business
Is there anything about your current finances that you would change?				
How much more could you save on a regular basis?				
Are you expecting a change in your financial situation?		NO.	YES.	Amount:

Andrew J. Bondar, Registered Representative offering securities through NYLIFE Securities LLC, Member FINRA/SIPC, a Licensed Insurance Agency

Financial Adviser offering investment advisory services through Eagle Strategies LLC, a Registered Investment Adviser NYLIFE Securities and Eagle Strategies are New York Life Companies

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**Auto Insurance**

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

**Homeowners Insurance**

Full Replacement Value? No. Yes.	Do you carry an umbrella liability policy? No. Yes. Amount: \$
<b>Long Term Care Insurance?</b> No. Yes.	Amount: \$

**Disability Income Insurance**

Family Members Insured	Company	Annual Premium	Coverage Amount

**Life Insurance**

Insured	Type	Company	Annual Premium	Coverage Amount

**PRE-Tax Financial Products and Qualified Plans**

Account Type	Current Value	Current Interest Rate / ROR	Annual Contribution / Match	Comments
401(k) or 403(b)				
401(k) or 403(b)				
Company Retirement Plans				
IRA (except Roth)				
IRA (except Roth)				

**AFTER-Tax Financial Products**

Account Type	Current Value	Current Interest Rate / ROR	Annual Contribution	Comments
ESPP / ESIP				
Stock Accounts				
Stock Options				
Real Estate (except residence)				
Mutual Funds				
Roth IRAs				
Life Insurance Cash Values				
Municipal Bonds				
Bonds				
Annuities				
CDs				
Savings / Money Market				

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