



Confidential Client Profile

CLIENT DATA

All information indicated in the blue box is required for opening an account.

Last Updated: _____

Client 1 Full Legal Name:		Nick Name:	DOB:	SSN:	
Client 2 Full Legal Name:		Nick Name:	DOB:	SSN:	
<i>Please indicate your preferred contact method and indicate one email to set up for online account access.</i>					
Client 1 Phone:	Cell:	Email:			
Client 2 Phone:	Cell:	Email:			
Mailing Address:					
City:			State:	Zip:	
Driver's License					
Number 1:		Issue Date:	Expiration Date:		
Number 2:		Issue Date:	Expiration Date:		
Employer Info	Occupation	Employer	Address	Salary	
Client 1:					
Client 2:					
Beneficiaries					
Full Legal Name		Relationship	Birthdate	Percentage	Account
Bank Account Link					
Please provide a voided check if you would like to link your bank's checking account to your investment account for deposits and withdrawals. <i>Note: We will never conduct business via wire transfer.</i>					

Referral Source:			
Wedding Anniversary:	First Marriage:	Parents Alive (Client 1):	(Client 2):

Family Data

Children (Full Name)	Birthdate	SSN	Spouse (Full Name)	Birthdate	Grandchildren

FINANCIAL INFORMATION

Property

Personal and Business Assets		
Owner	Real estate, home, land, or Business Name	Current Value

Investments

Provide Statements
In order to analyze your portfolio and provide recommendations in your best interest, please provide recent <u>statements</u> for <u>all</u> investments and bank accounts.

Retirement Contributions				
Owner	Type (Pretax/Roth/After-Tax)	Current Amount	Contributions	Frequency

Income and Expenses

Retirement Income (Monthly)			
	Social Security	Pension	Other
Client 1			
Client 2			

Annual Living Expenses	
Current	Retirement

Liabilities

Owner	Mortgage/Loans	Institution	Balance	As of Date	Interest Rate	Monthly Payment	Loan Term

Asset Protection

Life Insurance						
Owner	Policy Type	Purchase Date	Beneficiary	Death Benefit	Cash Value	Annual Premium

Other Insurance				
Owner	Long Term Care	Disability	Umbrella Policy	Amount of Insurance

PROFESSIONALS INFORMATION

Estate Plan

Please indicate if you have the following:	Y/N	As of Date:	
Will			Executor:
Trust			Type:
Durable Power of Attorney			Whom:
Health Power of Attorney			Whom:
Marital Property Agreement			
TOD on Home			
Established Beneficiaries on all Assets			

Professional Contacts

Please provide your professional contacts if applicable. If none, please indicate if you would like us to refer one.	
Accountant/CPA	
Attorney	
Life Insurance Agent	
Health Insurance Agent	
Other Financial Advisors	

ADDITIONAL INFORMATION (family, hobbies, interest, goals, miscellaneous)

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