

Preliminary Information

We appreciate your interest in our firm. To ensure our services are a good match for your needs and to give us some background on your situation, kindly complete the fields below by entering a brief response after each question. Once we receive this information, we will contact you to discuss what next steps may be appropriate.

GENERAL CONT	ACT INFO					
Name:				Contact Date:		
Home #:				E-mail:		
Work #:				Contact Via:		
Address:						
GENERAL PERSO	NAL INF	ORMATION	J			
GENERAL PERSO				Widowed	Other:	
GENERAL PERSO Marital Status: Date of Birth	ONAL INFO	ORMATION Married	J Divorced	Widowed	Other:	
Marital Status:				Widowed	Other:	
Marital Status: Date of Birth				Widowed	Other:	
Marital Status: Date of Birth (DOB):			Divorced	Widowed	Other:	
Marital Status: Date of Birth (DOB): Name of			Divorced		Other:	



QUESTIONS

1.	How did you hear about us? Were you referred and if so, by whom?
2.	Please provide us with a brief description of what you are trying to accomplish and how you think we might be able to assist you.
3.	What is your approximate total Net Worth (excluding your primary residence)?
4.	Do you anticipate any significant changes in your financial situation in the next 3 to 5 years?
5.	What is your household income range?
6.	What is an estimated range of investable assets (including savings, money markets, CDs, IRAs, 401(k), pension, stocks, bonds, and annuities)?