

INDIVIDUAL CLIENT DATA FORM

NAME _____ **BIRTHDATE** _____

SOCIAL SECURITY NO. _____

HOME PHONE () _____ **CELL PHONE** () _____

WORK PHONE () _____ **FAX NO.** () _____

E-MAIL ADDRESS (home) _____ (work) _____

SPOUSE'S NAME _____ **BIRTHDATE** _____

SOCIAL SECURITY NO. _____

HOME PHONE () _____ **CELL PHONE** () _____

WORK PHONE () _____ **FAX NO.** () _____

E-MAIL ADDRESS (home) _____ (work) _____

HOME ADDRESS _____

PLEASE CHECK (✓) PREFERRED METHOD OF CONTACT:

EMAIL _____ **HOME PHONE** _____ **WORK PHONE** _____ **CELL PHONE** _____

DEPENDENT NAME	BIRTHDATE	SOCIAL SECURITY NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATTORNEY: _____ **PHONE NUMBER:** _____

INVESTMENT ADVISOR: _____ **PHONE NUMBER:** _____

CURRENT FILING REQUIREMENTS:

	For Office Use Only: Initial/Date			
	Form	QkBk	C.List	GM-Olk
FEDERAL _____	_____/2012	_____	_____	_____
STATE _____	_____/2013	_____	_____	_____
LOCAL _____	_____/2014	_____	_____	_____