

## **Confidential Investor Information Worksheet**

1 Ac	lvisor	and Branch	h Information	
Advisor #		Branch #	Advisor Name	
2 Sa	lutati	ions		
Individual				
Employer			Job Title	
Years of Se	rvice Ye	ars until Retirement		
Joint/Tenan	t			
Employer			Job Title	
Years of Se	rvice Ye	ars until Retirement		
3 De	pend	lents		
Dependent			Date of Birth	
Dependent			Date of Birth	
Dependent			Date of Birth	
Dependent			Date of Birth	





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4 Other						
1. Do you have a will? Yes No If yes, when was your will last updated?						
Do you have a Trust? Yes No If yes, what types of Trusts do you have?						
Name of Trust  Date						
2. Are there any special health concerns in your family? Yes No						
If yes, please specify:						
3. Do you have any favorite charities? Yes No Annual charitable contributions:						
If yes, please specify:						
5 Notes						

Form continues on next page

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## 6 Asset Analysis

Ownership Codes: I (Individual), S (Spouse), O (Other), JTWROS (Joint with Rights of Survivorship), TE (Tenants by the Entirety), TC (Tenants in Common)

<b>Current Investments</b>	Assets	Liabilities	Ownership	Financial Institution
Savings (Money Market,	\$	\$	İ	
Passbook, Checking)	\$	\$		
	\$	\$		
	\$	\$	İ	
Certificates of Deposits	\$	\$		
	\$	\$		
	\$	\$	İ	
Mutual Funds (non-qualified)	\$	\$		
	\$	\$		
Ct. d. D. ada IIII/a	\$	\$	İ	
Stocks, Bonds, UIT's	\$	\$		
A	\$	\$		
Annuities	\$	\$	İ	
IDA CEDADA D. II. CIMADI E	\$	\$		
IRA, SEP/IRA, Roth, SIMPLE	\$	\$		
402/6)	\$	\$		
403(b) and 401(k)	\$	\$		
Description (Description Description	\$	\$		
Pension/Profit Sharing Plan	\$	\$		
Residence	\$	\$		
Vacation Home	\$	\$		
Investment Property	\$	\$		
Automobiles	\$	\$		
Automobiles	\$	\$		
Collectibles	\$	\$		
Collectibles	\$	\$		
Loans	\$	\$		
Loans	\$	\$		
Liabilities Credit Card Dal	\$	\$		
Liabilities – Credit Card Bal.	\$	\$		
TOTAL	\$	\$		

Insurance	Ownership	Туре	Company Name	Benefit Amt/ Cash Val.	Annual Premium
	Individual			\$	\$
Life	Spouse			\$	\$
	Other			\$	\$
Disability.	Individual			\$	\$
Disability	Spouse/Other			\$	\$
Lore Torri Corr	Individual			\$	\$
Long-Term Care	Spouse/Other			\$	\$



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