



Client Investment Profile

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Home Fax: _____ Work Fax: _____

Home E-Mail: _____ Work E-Mail: _____

<i>Applicant</i>	<i>Spouse</i>
Date of Birth: _____	Date of Birth: _____

Soc. Sec. #: _____	Soc. Sec. #: _____
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Occupation: _____	Occupation: _____
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Retired: Yes _____ No _____	Retired: Yes _____ No _____
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Marital Status: _____

Do you have children? Yes _____ No _____ Ages: _____

Do you anticipate changes in your overall financial picture or employment in the foreseeable future? Yes _____ No _____ If "Yes," please describe:

****PLEASE PROVIDE COPIES OF YOUR CURRENT INVESTMENT STATEMENTS****

Real Estate Investment

Value of Home \$ _____

Mortgage Balance \$ _____

Total Equity in Home \$ _____

Other Assets (Business, Second Home, Boat, Life Insurance, Car, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Other Assets \$ _____