

All About You | Client Profile

Client Name _____ Spouse name: _____

Birthday: _____ Birthday: _____

Wedding anniversary date: _____

FAMILY/FRIENDS

How many kids do you have? _____ How long have you been clients? _____

Do you have pets? Names of pets? _____

How Frequently would you like us to be in touch?

☐ As needed

☐ Monthly

☐ Quarterly

☐ Every 6 months

PREFERRED MODE OF COMMUNICATION

☐ Mail

☐ Phone Call

☐ Email

☐ Face to Face

Would you like your financial plan updated? _____

When was the last time your estate plan (wills, trusts, etc.) was reviewed? _____

Who else is on their professional team?

Attorney: _____ CPA: _____ Other: _____

What are your hobbies and interests? _____

Where do you like to vacation? _____

What's your favorite drink? _____

WEALTH MANAGEMENT

Would you like an updated portfolio Risk Review? ☐ Yes ☐ No

Are you currently utilizing our client Wealth Management Dashboard? ☐ Yes ☐ No

If not, would you like us to set it up for you? ☐ Yes ☐ No

Any major life changes anticipated in the next 3-5 years?

OPPORTUNITY TO MAKE AN IMPACT:

Are there people you care about that can benefit from our services? Please list their name and information below:

Name _____ Email: _____ Cell Phone: _____

Name _____ Email: _____ Cell Phone: _____

Name _____ Email: _____ Cell Phone: _____

Thank You for Your Trust and Confidence