

## PERSONAL INFORMATION

Legal Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Street

City, State, Zip

Email \_\_\_\_\_

Spouse Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Birthday \_\_\_\_\_

Spouse Birthday \_\_\_\_\_

SSN# \_\_\_\_\_

Spouse SSN# \_\_\_\_\_

Employer \_\_\_\_\_

Spouse Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Spouse Employer Add \_\_\_\_\_

Type of Business \_\_\_\_\_

Spouse Type of Business \_\_\_\_\_

Position \_\_\_\_\_

Spouse Position \_\_\_\_\_

Years Employed \_\_\_\_\_

Spouse Years Employed \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Spouse Power of Attorney \_\_\_\_\_

Minor(s) \_\_\_\_\_

Minor Birthday \_\_\_\_\_

Minor Birthday \_\_\_\_\_

Minor SSN# \_\_\_\_\_

Minor SSN# \_\_\_\_\_

Drivers License

Client # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Spouse # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

Best Time to Contact \_\_\_\_\_

### Beneficiary Information

#### Primary

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

#### Contingent

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date \_\_\_\_\_

Financial Information

Bank Name \_\_\_\_\_  
Annual Income \_\_\_\_\_  
Net Worth \_\_\_\_\_  
Liquid Assets \_\_\_\_\_

Tax Bracket (check one)

Low (0-20%)  
Med (20-30%)  
High (30%+)

Risk Tolerance (check one)

- Conservative
- Moderately Conservative
- Moderate
- Moderately Aggressive
- Aggressive

Investment Objective (check one)

- Capital Preservation
- Income & Growth
- Income
- Growth
- Speculation

Investment Time Horizon \_\_\_\_\_ years

Investment Experience

<u>Investments</u>	<u>Years Experience</u>	<u>Current Holdings</u>
Mutual Funds/ETFs	_____	\$ _____
Annuities	_____	\$ _____
Stocks	_____	\$ _____
Bonds	_____	\$ _____
Alternatives	_____	\$ _____
Other*	_____	\$ _____

\*If you have investment experience in other products, please list below

\_\_\_\_\_  
\_\_\_\_\_

Liquidity Needs (check one) *(Ability to convert quickly and easily to cash all or a portion of the investments without experiencing significant loss in value.)*

- Very Important
- Important
- Somewhat Important
- Does not Matter

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