

Please assist us in making sure that our records reflect the most up to date information. Thank You

FULL LEGAL NAME

SPOUSE FULL LEGAL NAME

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Anniversary: \_\_\_\_\_

Do you have children?  Yes  No Children's age(s): \_\_\_\_\_

### Personal/Financial Details

	You	Spouse
Birth Date	<input type="text"/>	<input type="text"/>
Social Security #	<input type="text"/>	<input type="text"/>
Driver License # & State	<input type="text"/>	<input type="text"/>
DL Issue date & Exp Date	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
US Citizen	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Retired	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Social Security Pymt	\$/mo <input type="text"/>	\$/mo <input type="text"/>
Pension Pymt	\$/mo <input type="text"/>	\$/mo <input type="text"/>
Employer Name	<input type="text"/>	<input type="text"/>
Job Title or Description	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>
Employer Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Total Annual Income	\$ <input type="text"/>	\$ <input type="text"/>
Annual Expenses	\$ <input type="text"/>	\$ <input type="text"/>
Net Worth (excluding home)	\$ <input type="text"/>	\$ <input type="text"/>
Value of Home?	\$ <input type="text"/>	\$ <input type="text"/>
Liquid Net Worth	\$ <input type="text"/>	\$ <input type="text"/>

## Personal/Financial Details (Cont'd)

	You	Spouse	
Will	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Trust	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Power of Attorney	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Living Will/Hlth Care Surrogate	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Long Term Care Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Health Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Umbrella Liability Policy	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Disability Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Investment Objective	<input type="radio"/> Current Income <input type="radio"/> Growth	<input type="radio"/> Balanced <input type="radio"/> Max Growth	<input type="radio"/> Growth & Income
Investment Purpose	<input type="checkbox"/> Save for Education <input type="checkbox"/> Retirement Purposes <input type="checkbox"/> Save for Short term Goals	<input type="checkbox"/> Generate Income <input type="checkbox"/> Accumulate Wealth <input type="checkbox"/> Other: _____	<input type="checkbox"/> Preserve Wealth <input type="checkbox"/> Market Speculati
Investment Time Horizon in years	<input type="radio"/> <5 <input type="radio"/> 5-10 <input type="radio"/> 10-20 <input type="radio"/> 20+		
Investment Knowledge	<input type="radio"/> None <input type="radio"/> Limited <input type="radio"/> Good <input type="radio"/> Extensive		
Risk Tolerance	<input type="radio"/> Conservative <input type="radio"/> Moderately Aggressive	<input type="radio"/> Moderately Conservative <input type="radio"/> Aggressive	<input type="radio"/> Moderate <input type="radio"/> Speculative
Investment Experience in Years	Mutual Funds: _____ Bonds: _____ Variable Annuities: _____ Fixed Annuities: _____	Stocks: _____ Limited Prtnshp: _____ Options: _____	
Trusted Contact Info	Name: _____ Relationship: _____ Phone: _____		

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