



NEW CLIENT INFORMATION SHEET

LEGAL NAME AND INFO

First: _____ Middle Initial: _____ Last: _____

Florida Address: _____
STREET CITY STATE ZIP

Mailing Address (if different): _____
STREET CITY STATE ZIP

Out-of-State Address (if snowbird): _____
STREET CITY STATE ZIP

Social Security Number: _____ Date of Birth: _____

Monthly Withdrawal Requests: Preferred Day of Month to Arrive: _____ Preferred Tax Withholding: _____ %

CONTACT INFORMATION

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail address: _____

Preferred Method of Contact (No. in order of preference): ___Email ___Call Cell ___Text Cell ___Call Home ___Call Work

Preferred Reporting Method (for statements, paperwork, etc.): Electronic (i.e. email PDF) Paper (i.e. print or mail) Both

Emergency Contact: Name: _____ Phone: _____

EMPLOYMENT (IF STILL WORKING)

I Own MORE than 5% of the Company I am a Control Person for a Publicly Traded Company

Occupation: _____ Employer Name: _____

Address: _____
STREET CITY STATE ZIP



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BENEFICIARY INFORMATION:

Where your assets will go if you pass away

Primary Beneficiary (will be paid directly, without probate, if you pass away):

1.	_____	_____	_____	_____
	NAME	RELATIONSHIP	DOB	%
2.	_____	_____	_____	_____
	NAME	RELATIONSHIP	DOB	%
3.	_____	_____	_____	_____
	NAME	RELATIONSHIP	DOB	%
4.	_____	_____	_____	_____
	NAME	RELATIONSHIP	DOB	%

Contingent Beneficiary (will be paid if all above person(s) predecease you):

1.	_____	_____	_____	_____
	NAME	RELATIONSHIP	DOB	%
2.	_____	_____	_____	_____
	NAME	RELATIONSHIP	DOB	%
3.	_____	_____	_____	_____
	NAME	RELATIONSHIP	DOB	%
4.	_____	_____	_____	_____
	NAME	RELATIONSHIP	DOB	%