

Date: ­\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Information** |  |  |  |
| Client Name: |  | Date of Birth: |  |
| Email Address: |  | Work Phone: |  |
| Occupation: |  | Cell Phone: |  |
| Current / Last Employer: |  | Social Security #: |  |
| Nature of Business: |  | Education Level: |  |
| Employment Length: |  | Last Year’s Income: |  |
| Employer Address: |  | Mother’s Maiden Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Spouse Information** |  |  |  |
| Spouse Name: |  | Date of Birth: |  |
| Email Address: |  | Work Phone: |  |
| Occupation: |  | Cell Phone: |  |
| Current / Last Employer: |  | Social Security #: |  |
| Nature of Business: |  | Education Level: |  |
| Employment Length: |  | Last Year’s Income: |  |
| Employer Address: |  | Mother’s Maiden Name: |  |

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| **Additional Information** |  | |  |
| Home Address: |  | Home Phone: |  |
| City, State, Zip: |  | Bank Name: |  |
| Driver’s License Number: |  | Bank Account Number: |  |
| Driver’s License Expiration: |  | Bank Routing Number: |  |

**Services to provide (check all that apply):**

* Advisory Investment Services 🗖 Special Situations Planning
* Brokerage Investment Services 🗖 Business Planning
* Insurance & Annuity Services 🗖 College Education Planning
* Cash Flow & Debt Management 🗖 Retirement Planning
* Family Risk Management 🗖 Legacy Planning

**Additional Notes / Questions / Concerns:**

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

See Back Side

**For Office Use Only:**

­­­\_\_\_E-File Cabinet \_\_\_ACT Bill Quick \_\_\_Constant Contact \_\_\_Avantax

\_\_\_Purple Fold (PROSP) \_\_\_ Green Folder (BK / DTF) \_\_\_ Yellow Folder (ADV) \_\_\_Pink Folder (INS / ANN)

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| **Primary Beneficiary Information:** (spouse, siblings, children, charity, trusts, etc.) | | | | | | | | | | |  | |  |
| Beneficiary #1 Name: | |  | | | | Social Security #: | |  | | Birthdate: | |  | | |
| Addr./City/State/Zip: | |  | | | | | | | | Phone #: | |  | | |
| Relation to Client: | |  | | | | Designated % of Assets: | | |  | | |
|  | |  | |  | | | |  | |  | |  | | |
| Beneficiary #2 Name: | |  | | | | | Social Security #: |  | | Birthdate: | |  | | |
| Addr./City/State/Zip: | |  | | | | | | | | Phone #: | |  | | |
| Relation to Client: | |  | | | | Designated % of Assets: | | |  | | |
|  | |  | |  | | | |  | |  | |  | | |
| Beneficiary #3 Name: | |  | | | | | Social Security #: |  | | Birthdate: | |  | | |
| Addr./City/State/Zip: | |  | | | | | | | | Phone #: | |  | | |
| Relation to Client: | |  | | | | Designated % of Assets: | | |  | | |
|  | |  | |  | | | |  | |  | |  | | |
| Beneficiary #4 Name: | |  | | | | | Social Security #: |  | | Birthdate: | |  | | |
| Addr./City/State/Zip: | |  | | | | | | | | Phone #: | |  | | |
| Relation to Client: | |  | | | | Designated % of Assets: | | |  | | |
|  | |  | |  | | | |  | |  | |  | | |
| **\*\*You Must Check One Box Below:** | | | | | | | | | | | | | | |
| If any primary beneficiary is not alive when the last surviving account owner dies, or if that primary beneficiary disclaims his/her interest, his/her share shall be distributed as follows: | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 🗖 | To the remaining beneficiary(ies) on a pro rata basis (proportionate to the designated percentages) | | | | | | | | | | | | | |
| 🗖 | To the applicable contingent beneficiary(ies) designated in the Contingent Beneficiary Designation section below | | | | | | | | | | | | | |
| 🗖 | To the last surviving account owner’s estate | | | | | | | | | | | | | |
| 🗖 | To the heirs of the pre-deceased / disclaimed primary beneficiary(ies) per stirpes. (Read detailed explanation below) | | | | | | | | | | | | | |

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| **Contingent Beneficiary Information:** (these are backup beneficiaries to primary beneficiaries) | | | | | | | | | | | |  | |  |
| Contingent #1 Name: | |  | | | | Social Security #: | | | |  | Birthdate: | |  | | |
| Address: | |  | | | | City / State / Zip: | | | |  | Phone #: | |  | | |
| Contingent to Primary Beneficiary #: | | | |  | | | Designated % of Primary Beneficiary Share: | | | | |  | | |
| Relation to Client: | | | |  | | | |  | | | | | | |
|  | |  | |  | | | | | |  |  | |  | | |
| Contingent #2 Name: | |  | | | | | Social Security #: | | |  | D.O.B.: | |  | | |
| Address: | |  | | | | | City / State / Zip: | | |  | Phone #: | |  | | |
| Contingent to Primary Beneficiary #: | | | |  | | | Designated % of Primary Beneficiary Share: | | | | |  | | |
| Relation to Client: | | | |  | | | |  | | | | | | |
|  | |  | |  | | | | | |  |  | |  | | |
| Contingent #3 Name: | |  | | | | | Social Security #: | | |  | D.O.B.: | |  | | |
| Address: | |  | | | | | City / State / Zip: | | |  | Phone #: | |  | | |
| Contingent to Primary Beneficiary #: | | | |  | | | Designated % of Primary Beneficiary Share: | | | | |  | | |
| Relation to Client: | | | |  | | | |  | | | | | | |
|  | |  | |  | | | | | |  |  | |  | | |
| Contingent #4 Name: | |  | | | | | Social Security #: | | |  | D.O.B.: | |  | | |
| Address: | |  | | | | | City / State / Zip: | | |  | Phone #: | |  | | |
| Contingent to Primary Beneficiary #: | | | |  | | | Designated % of Primary Beneficiary Share: | | | | |  | | |
| Relation to Client: | | | |  | | | |  | | | | | | |
|  | |  | |  | | | | | |  |  | |  | | |
| **\*\*\*Optional Per Stirpes Designation:** | | |  | | | | | | | | | | | | |
| 🗖 | Check this box only if you would like to designate the contingent beneficiary(ies) named in this section to share in the account per stirpes. “Per Stirpes” means if any contingent beneficiary is not alive assets transfer to him/her, or if that contingent beneficiary(ies) disclaims his/her interest, his/her share shall pass to his/her descendants evenly proportioned (Ex: 50% each would be designated if you have two descendants) | | | | | | | | | | | | | | |

**100%**

Per Stirpes allows the third level

beneficiaries to receive the

proportionate interest of the

contingent beneficiaries. No Per Stirpes mans if a contingent dies or forgoes his/her interest, the other contingents get the leftover interest instead of the

third level beneficiaries.

**Third Level Beneficiary B**

**Third Level Beneficiary A**

**Third Level Beneficiary B**

**Third Level Beneficiary A**

**25%**

**25%**

**25%**

**25%**

**25%**

**25%**

**25%**

**25%**

**50%**

**50%**

**Contingent Beneficiary B**

**Contingent Beneficiary A**

**Contingent Beneficiary B**

**Investor**

**Primary Beneficiary B**

**Contingent Beneficiary A**

**Primary Beneficiary A**

**Understanding Beneficiaries & Per Stirpes Designation:**