



# AIS Financial Client Information Sheet

Personal Information					
Client Name:			Joint Name:		
Citizenship:	Email Address:		Citizenship:	Email Address:	
Mailing Address:			Mailing Address (if different from Client):		
Physical Address (if different from mailing address):			Physical Address (if different from mailing address):		
Home Phone:	Cell Phone:	Business Phone:	Home Phone:	Cell Phone:	Business Phone:
Social Security Number:		Date of Birth:	Social Security Number:		Date of Birth:
Driver's License Number:		State Issued:	Issue / Expiration Dates:	Driver's License Number:	
State Issued:		Issue & Expiration Dates:	State Issued:		Issue & Expiration Dates:
Occupation:		Nature of Business:		Occupation:	
Nature of Business:		Occupation:		Nature of Business:	
Employer & Address:			Employer & Address:		

Investment Information			
<p>For the following questions use the following ranges:  <i>Less than \$25k, \$25k-50k, \$50k-100k, \$100k-250k, \$250k-500k, \$500k-750k, \$750k -1mm, \$1mm+</i></p>			
Annual Income:	Sources:	Account Value:	Federal Tax Bracket:
Net Worth:	Liquid Net Worth:	Investment Experience (# of years):	
		Circle all those that apply: Margin, Stocks, Mutual Funds, Annuities, other	
<p><b>Overall Investment Objective (Please select one of the following)*:</b></p> <p>Aggressive Growth / Growth / Growth with Income /            Income with Moderate Growth / Income with Capital Preservation</p> <p>* Note: Aggressive Growth is 100% equity (i.e. stock or stock mutual funds)            Growth is 80% equity / 20% fixed income (i.e. bonds or bond mutual funds)            Growth with Income is 60% equity / 40% fixed income            Income with Moderate Growth is 40% Equity / 60% fixed income            Income with Capital Preservation is 20% equity / 80% fixed income</p>		Additional Notes:	

Children				
Name:	Date of Birth	State of Birth	Male/ Female:	From Previous Marriage?
Name:	Date of Birth	State of Birth	Male/ Female:	From Previous Marriage?
Name:	Date of Birth	State of Birth	Male/ Female:	From Previous Marriage?
Name:	Date of Birth	State of Birth	Male/ Female:	From Previous Marriage?

Primary Beneficiaries:				
Primary Beneficiary:	Percent:	Relationship?	Date of Birth:	Social Security Number:
Primary Beneficiary:	Percent:	Relationship?	Date of Birth:	Social Security Number:
Primary Beneficiary:	Percent:	Relationship?	Date of Birth:	Social Security Number:

Contingent Beneficiaries:				
Contingent Beneficiary:	Percent:	Relationship?	Date of Birth:	Social Security Number:
Contingent Beneficiary:	Percent:	Relationship?	Date of Birth:	Social Security Number:
Contingent Beneficiary:	Percent:	Relationship?	Date of Birth:	Social Security Number:
Contingent Beneficiary:	Percent:	Relationship?	Date of Birth:	Social Security Number:

Advisors:	
Financial Advisors:	Contact Information:
Accountant:	Contact Information:
Lawyer:	Contact Information:
Insurance:	Contact Information:

For Internal Use		
Account: Brokerage/ Advisory/ Direct (MF/VA/FA_____)	LPL #	Date:
Type: NQ / TOD / IRA / Roth / 403b / Coverdell / 529	DB #	
Account View/ Wealth Vision	eBTR	Initials:
Combined Statements: Yes/ No	CRM	
	BA	