



Confidential Data Sheet

Directions: Please complete all sections so we can create an application for you. Return with a copy of your driver's license. Your personal information will be kept confidential. Please call 360-714-3378 with any questions.

Personal Information

Legal Name _____ Cell Phone _____ Email _____ SSN _____ Physical Address _____ _____	Employer _____ Occupation _____ Marital Status _____ DOB _____ # of Dependents _____ Mailing Address _____ _____
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Financial Assets

Bank ckg/svg/CD _____ IRA/401k/ROTH _____ House Equity _____ Real Estate Equity _____ Car/RV/Boat _____ Other _____ Loans/Debt _____ Net Worth: _____ _____	Annual Household Income _____ Investing Experience _____ Risk Goal (<i>circle one</i>) _____ <div style="text-align: right; margin-right: 20px;"> Conservative, Moderate, or Aggressive </div> Bank Account Bank name _____ Registration _____ Routing # _____ Account # _____
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Primary Beneficiary

Name _____

Relationship _____ SSN _____

Percent _____ DOB _____

Primary Beneficiary

Name _____

Relationship _____ SSN _____

Percent _____ DOB _____

Contingent Beneficiary

Name _____

Relationship _____ SSN _____

Percent _____ DOB _____

Contingent Beneficiary

Name _____

Relationship _____ SSN _____

Percent _____ DOB _____

In order to help protect your personal information, please do NOT email this back to us, unless you use our secure email system. If you are uncertain whether you have the secure email, please call our office or email us requesting a secure email. Thank you.

