



192 Lexington Ave. Suite 902
New York, NY 10016
Tel (212) 239-7777
Fax (212) 239-2020

This questionnaire should be completed, as best you can, prior to your first appointment. Having this information available allows FAM Corp. to better determine the type of services you require and will make the initial meeting more meaningful and useful.

Along with this document, please bring to the meeting your most recent:

- 1) Income tax return(s)
- 2) A list of your assets and liabilities.

Feel free to call us if you have any questions concerning this form or any other matters prior to the meeting.

Date _____

1) Client Profile(s)

Contact #1 _____ Birth Date _____

Full Name _____ Nick Name _____

Home Address _____

Telephone: Home _____ Work _____
(Please check preferred contact #)

Cell _____ Fax _____

Primary Email Address _____ Secondary Email _____

What is your preferred method of contact? Phone Email

Occupation _____

Employer Name _____

Title _____ Estimated Annual Income \$ _____

Work Address _____

Present Marital Status: Single Married Divorced Widow(er)

Do you have any previous marriages? Yes No If yes, Divorced or Widowed?

Are you a U.S. Citizen? Yes No If, no, what country? _____

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Contact #2 _____

Birth Date _____

Full Name _____ Nick Name _____

Telephone: Home _____ Work _____
(Please check preferred contact #)

Cell _____ Fax _____

Primary Email Address _____ Secondary Email _____

What is your preferred method of contact? Phone Email

Occupation _____

Employer Name _____

Title _____ Estimated Annual Income \$ _____

Work Address _____

Present Marital Status: Single Married Divorced Widow(er)

Do you have any previous marriages? Yes No If yes, Divorced or Widowed?

Are you a U.S. Citizen? Yes No If, no, what country? _____

2) Dependents

Do you have any children? Yes No

Are there any other dependents? (for example dependent parents) Yes No

3) Assets

Do you own your own home? Yes No

If so, what is the estimated value \$_____?

If you have a mortgage, what is its estimated value \$_____, and interest rate _____%?

Estimate how much cash and investments, (not including your house) that you have: \$_____

4) What are the services you feel you need? (check all that apply)

- Investment Planning Education Planning
- Retirement Planning Insurance Planning
- Estate Planning Tax Planning

5) Do you currently have: Attorney Accountant Insurance Agent Banker

6) Please tell us more about yourself. Do you have any hobbies or special interests?

7) Would you like to receive a copy of our e-newsletter? Yes No

8) How did you hear about us? _____

Adv Initials: _____ Notes: _____