WESTCHESTER COUNTY: 26 South Greeley Ave Chappaqua, NY 10514

Tel: 914-238-8900 | Fax: 914-238-8901

NEW YORK CITY: 295 Madison Ave, 12th Floor New York, NY 10017

Tel: 212-239-7777 | Fax: 914-238-8901

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 types 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) 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: (Please check preferred contact #)	<ul><li>☐ Home ☐ Work</li><li>☐ Cell ☐ Fax</li></ul>			
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:	☐ 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?			

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 □ Em	ail			
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	e, dependent parents)	□ Yes □ No			
3) Assets					
Do you own your own home?	?				
If you have a mortgage, what is its estimate	ated value \$	, and interest ra	te%?		
Estimate how much cash and investments	(not including you	r house) that you hav	e: \$		
4) What are the services you feel you ne ☐ Investment Planning	ed? (check all that a □ Education P				
☐ Retirement Planning ☐ Estate Planning	☐ Insurance Planning ☐ Tax Planning				
5) Do you currently have: ☐ Attorney	☐ Accountant	☐ Insurance Agen	t □ Banker		
•					
6) Please tell us more about yourself. Do	you have any ho	obbies or special inte	rests?		
7) How did you hear about us?					
•					
Adv Initials: Notes:					