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## CONFIDENTIAL CLIENT QUESTIONNAIRE

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY #	
SPOUSE'S FIRST NAME	M.I.	LAST NAME	SPOUSE'S DATE OF BIRTH	SOCIAL SECURITY #	
MAILING ADDRESS					
CITY			STATE	ZIP CODE	
HOME PHONE			CELL PHONE		
EMAIL ADDRESS			SPOUSE'S EMAIL ADDRESS		
JOB TITLE			SPOUSE'S JOB TITLE		
LAST YEAR, WERE YOU:			LAST YEAR, WAS YOUR SPOUSE:		
A FULL TIME STUDENT			YES	NO	
TOTALLY & PERMENANTLY DISABLED			YES	NO	
LEGALLY BLIND			YES	NO	
COVERED BY HEALTH INSURANCE?			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	
CAN ANYONE CLAIM YOU OR YOUR SPOUSE ON THEIR TAX RETURN?			YES	NO	
HAVE YOU OR YOUR SPOUSE BEEN A VICTIM OF IDENTITY THEFT?			YES	NO	
HAVE YOU OR YOUR SPOUSE ADOPTED A CHILD?			YES	NO	
MARITAL STATUS ON <b>DEC 31</b> :                      SINGLE              MARRIED              WIDOWED              DIVORCED/SEPARATED					
DEPENDENTS				<b>HOW MANY MONTHS (0-12) WERE YOUR DEPENDENTS:</b>	
NAME (FIRST LAST)	DATE OF BIRTH	RELATIONSHIP	S.S.N.	LIVING WITH YOU?	COVERED BY INSURANCE?
HOW DID YOU HEAR ABOUT US?					

ARE YOU SATISFIED WITH YOUR PROGRESS TOWARDS RETIREMENT? - WHAT CAN WE DO TO BETTER ASSIST YOU IN ACHIEVING THIS GOAL?	YES	NO
DO YOU HAVE A?	FINANCIAL PLANNER	ATTORNEY
	WILL	TRUST
	NONE	
CAN WE ASSIST YOU WITH ANY OTHER NEEDS TODAY?		