FFS NEW ACCOUNT & CLIENT INFORMATION GATHERING SHEET

TYPE OF ACCOUNT: (Simple IRA, Rollover IRA, Roth IRA, SEP, Personal, Joint, etc.):__________________________

CLIENT NAME: ____

DATE OF BIRTH: ______________________________ **MARITAL STATUS (M, W, D, S):** __________________

SOCIAL SECURITY #: ____________________________ or **TAX ID:** __________________________________

ADDRESS: ____

MAILING ADDRESS: ____

LAND LINE: ______________________ **CELL PHONE:** ____________________ **WORK PHONE:** ____________________

EMAIL ADDRESS: ____

DRIVER'S LICENSE #: ________________ **ISSUE DATE:** ______________ **EXPIRATION DATE:** ______________ **STATE:** ______

CLIENT'S MOTHER'S MAIDEN NAME (For verification purposes.): ____

TOLERANCE FOR RISK: HIGH: ☐ **MEDIUM TO HIGH:** ☐ **MODERATE:** ☐ **LOW:** ☐

INVESTMENT OBJECTIVE %: ________________________ **TIME HORIZON** (In Years): __________________________

BENEFICIARY INFORMATION FOR IRA'S (*There is a separate form for T.O.D.'s*):

Primary Beneficiary: _____________________________ **Relationship:** _______________________ **% Share:** ________

Date of Birth: ____________________________________ **Social Security #:** ____________________________________

Primary Beneficiary: _____________________________ **Relationship:** _______________________ **% Share:** ________

Date of Birth: ____________________________________ **Social Security #:** ____________________________________

Contingent Beneficiary: __________________________ **Relationship:** _______________________ **% Share:** ________

Date of Birth: ____________________________________ **Social Security #:** ____________________________________

'JOINT ACCOUNT' NAME: ____

DATE OF BIRTH: ______________________________

SOCIAL SECURITY #: __________________________

ADDRESS: ____

MAILING ADDRESS: ____

LAND LINE: ______________________ **CELL PHONE:** ____________________ **WORK PHONE:** ____________________

DRIVER'S LICENSE #: ________________ **ISSUE DATE:** ______________ **EXPIRATION DATE:** ______________ **STATE:** ______

SIGNATURE: ____ **DATE:** _______________________