Cheryl J. Bragg & Associates, Inc.

INFORMATION REQUEST FORM

DATE: _____ NAME:_____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ ISSUED STATE: _____ EXPIRE DATE: _____

ADDRESS: _____ CITY/STATE AND ZIP _____

HOME PHONE: _____ CELL PHONE: _____

OFFICE PHONE: _____ EMAIL: _____

Spouse Name: _____

DEPENDENT: _____ DOB _____ SSN: _____

DEPENDENT: _____ DOB _____ SSN: _____

DEPENDENT: _____ DOB _____ SSN: _____

PLEASE GATHER THE FOLLOWING INFORMATION

:

- EMPLOYEE BENEFIT PACKAGE INCLUDING PENSION INFO
- LAST 2 PAY CHECK STUBS
- INFO ON PERSONAL LIFE INSURANCE ON ALL FAMILY MEMBERS: DISABILITY INCOME INSURANCE AND HEALTH INSURANCE
- A WILL, IF ANY
- FEDERAL & STATE RETURN FOR ONE YEAR.

PLEASE LIST THE PROFESSIONALS IN YOUR LIFE: **ARE YOU SATISFIED?** Yes or No

LAWYER _____ _____

ACCOUNTANT _____ _____

PROPERTY/CASUALTY AGENT _____ _____

INSURANCE AGENT _____ _____

STOCKBROKER _____ _____

FINANCIAL PLANNER _____ _____

GENERAL:

1. What is the ***best*** investment you have ever made? _____
   _____

2. What is the ***worst*** investment you have ever made?_____
   _____

3. What are the two ***most important areas*** where you feel that we can help you? _____
   _____
   _____
   _____

SOURCES OF INCOME:

His: W-2	
Hers: W-2	
Interest	
Dividends	
Capital Gains	
Tax Free Dividends	
Rent	
Royalties	
Pension/IRA	
Social Security	
Business Income	

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