450 W. Wilson Bridge Rd. Suite 380 Worthington, OH 43085



NEW CLIENT INTAKE SHEET

DATE:

STATUS: (check appropriate)

□ Married □ Veteran

□ Widowed □ Spouse of Veteran □ Special needs children \Box Minor children

□ Single

ATTACH ADDITIONAL SHEETS, IF NECESSARY

Legal name:		DOB: / SSN:	
Spouse:		DOB: / / SSN:	
Street:		County:	
City:	State:	ZIP:	
Home #: ()		Do you have long-term care insurance?	
Cell #: (Email address:	
Spouse Cell #: ()			
Work $\#()$			

BENEFICIARIES (i.e. child, friend, relative, etc.)

1.Beneficiary	Phone:()	DOB / /	
Address:	County	Disabled Yes	No
SSN:	Relationship		
2.Beneficiary	Phone:()	DOB / /	
Address:	County	Disabled Yes	No
SSN:	Relationship		

FIDUCIARIES (i.e. executor, trustee, designee, power of attorney)

1. Fiduciary	Phone:()	DOB/_/
Address:	County	
2. Fiduciary Address:	Phone:() County	DOB_ / _ /
3. Fiduciary Address:	Phone:() County	DOB_ / _ /

FIXED INCOME: Salary, Social Security, Pension, etc.

\$ \square Monthly \square Yearly	Source:	□Husband	□Wife □Individual
\$ \square Monthly \square Yearly	Source:	□Husband	□Wife □Individual
\$ \square Monthly \square Yearly	Source:	□Husband	□Wife □Individual

ASSETS: *Please list any securities, bonds, mutual funds, bank accounts, CDs, retirement funds, life insurance, annuities, business interests or motor vehicles.*

S S S S S S SECURITIES/ MUTUAL FUNDS S Mortgage (Husband/Wife/Joint) S S S S MOTOR VEHICLES	BANK ACCOUNTS	<u>Type of Acct.</u> (CD,Savings,Checking, IRA)	<u>Approx.</u> <u>Value</u>	<u>Owned by:</u> (Husband/Wife/Joint)
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