

PERSONAL QUESTIONNAIRE



Niche

FINANCIAL SERVICES, INC.

NAME: _____ SSN: _____

HOME ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ DATE OF BIRTH: ____/____/____ STATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ LIC. STATE: _____ ISSUE DATE: _____ EXP. DATE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____ U.S. CITIZEN: Y/N SMOKER: Y/N

EMPLOYER INFORMATION

EMPLOYER: _____ PHONE: _____ TYPE OF BUSINESS: _____

POSITION: _____ YEARS EMPLOYED: _____ INCOME: _____

SPOUSE INFORMATION

NAME: _____ SSN: _____

DATE OF BIRTH: ____/____/____ STATE OF BIRTH: _____ U.S. CITIZEN: Y/N SMOKER: Y/N

DRIVER'S LICENSE #: _____ ISSUE DATE: _____ EXP. DATE: _____

EMPLOYER NAME: _____ PHONE: _____

POSITION: _____ YEARS EMPLOYED: _____ INCOME: _____

HOUSEHOLD INFORMATION

NAME OF BANK: _____ NET WORTH: _____

ANNUAL INCOME: _____ TAX BRACKET: _____

I HAVE A RETIREMENT PLAN I WISH TO ROLL OVER **YES NO** AMOUNT: _____

PLEASE CONTACT ME, I HAVE INVESTMENT QUESTIONS **YES NO**

INVESTMENT OBJECTIVE				INVESTMENT EXPERIENCE				
GROWTH	[]	INCOME	[]	NONE (CD SAVINGS)	[]
TAX REDUCTION	[]	FIXED	[]	LIMITED	[]
SPECULATION	[]	HIGH YIELD	[]	MODERATE	[]
						EXPERIENCED	[]

BENEFICIARY INFORMATION

PRIMARY: _____
NAME SSN DOB RELATIONSHIP

CONTINGENT: _____
NAME SSN DOB RELATIONSHIP

NAME SSN DOB RELATIONSHIP

SIGNATURE: _____ DATE: _____