

Client 1

Client 2

Full Name: _____
Social Security #: _____
Date of Birth: _____
Email: _____
Cell Phone: _____
Occupation/Title: _____
Marital Status: _____

Full Name: _____
Social Security #: _____
Date of Birth: _____
Email: _____
Cell Phone: _____
Occupation/Title: _____
Marital Status: _____

	Address:	City	State	Zip
Home Address:				
Mailing Address: (If different from Home)				

IRA Beneficiary Information (Client 1)

Primary OR Contingent	Name	Relationship	SSN	Date of Birth	%

IRA Beneficiary Information (Client 2)

Primary OR Contingent	Name	Relationship	SSN	Date of Birth	%

Financial Information and Experience

Client's total annual income?	\$
Client's net worth? (exclusive of home)	\$
Client's liquid net worth?	\$
Federal Income Tax Bracket	%
Investment Experience (# of years)	\$

Account Information BELOW FOR OFFICE USE ONLY

Registration	Account Type	Account Objective	Fee

Gallacher Capital Management, LLC
10465 Park Meadows Drive #107
Lone Tree, CO 80124

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