



Personal Information

It would be helpful to have this filled out prior to our appointment

Client Information

Name _____ (First) _____ (Last) Preferred Name _____

Birth date ____/____/____ Age ____
Month Day Year

Cell Phone (____) _____ - _____ E-mail _____

Spouse/Other Information

Name _____ (First) _____ (Last) Preferred Name _____

Birth date ____/____/____ Age ____
Month Day Year

Cell Phone (____) _____ - _____ E-mail _____

Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____

How did you hear about OverRidge? _____

Approximate amount you are looking to invest: \$ _____

Current types of accounts (check all that apply): Traditional IRA Roth IRA SEP Simple 401(k)
 403(b) 529 Individual Joint Corporate Variable Annuity Other: _____

What are your primary financial concerns?

What characteristics are you looking for in an investment advisor?

All information is strictly confidential and will not be shared with any non-affiliated third party unless authorized by you