SWM SORENSEN WEALTH MANAGEMENT

Personal Information

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

Client Information

Name ____________________ ________________________ Preferred Name __________
(First) (Last)

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

Cell Phone (____) ______ - __________ E-mail ________________________

Spouse/Other Information

Name ____________________ ________________________ Preferred Name __________
(First) (Last)

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

Cell Phone (____) ______ - __________ E-mail________________________

Address ____

Mailing Address____

City ____________________________ State _____ Zip Code __________

Home Phone (____) ______ - __________

How did you hear about Sorensen? ______________________________________

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?

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What characteristics are you looking for in an investment advisor?

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