



Client Information Form

Date: _____

Please answer all relevant items. Write NA for items that do not apply.

Personal	Client	Spouse
Legal Name		
Date of Birth		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Div <input type="checkbox"/> Wid	
Anniversary Date		
Home Address		
City/State/Zip		
Primary Phone #	<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Home
Email Address		
Attorney		
Tax Professional		

Referred By:	
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Include in this table all children and other relatives who are or may become your dependents or beneficiaries.

Dependents	Relationship	Date of Birth	Marital Status	Tax Dependent
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment	Client	Spouse
Occupation		
Employer		
Small Business Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No Ownership % _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Ownership % _____
Entity Type	<input type="checkbox"/> Sole <input type="checkbox"/> LLC <input type="checkbox"/> S <input type="checkbox"/> C	<input type="checkbox"/> Sole <input type="checkbox"/> LLC <input type="checkbox"/> S <input type="checkbox"/> C
Retirement Plan	<input type="checkbox"/> 401k <input type="checkbox"/> P/S <input type="checkbox"/> Sep <input type="checkbox"/> Simple	<input type="checkbox"/> 401k <input type="checkbox"/> P/S <input type="checkbox"/> Sep <input type="checkbox"/> Simple
Annual Income	<input type="checkbox"/> <25k <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> >100	<input type="checkbox"/> <25k <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> >100

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