



Section 1 - Client Information

First Name	Last Name	DOB:	SSN
Address	City	State	Zip Code
Male	Mobile Number	Driver's Lic #	Date of Issue
Female	Email:		Date Expired
Occupation:			
Employer:			
Employer Address:			

Spouse Information

First Name	Last Name	DOB:	SSN
Mobile Number			

Section3- Financials

Income

Estimated Client Income
Estimated Salary (spouse)
Household Monthly Expenses

Liabilities (what do you owe, includes home, vehicles, credit cards, loans, campers,)

Mortgage
Vehicles
Credit Cards
Other Liability Total

Assets - (what do you own)

Mortgage Home Worth approx
Vehicles (worth)
Property
Other
Checking, savings MM
CDs
Employer-Sponsored Plans
Mutual Funds
Stock, bonds
Fixed and Variable Annuities



Section 4 Suitability

What kind of investor are you? How do you feel about market risk?

I do not like any risk.

I am willing to accept a bit of risk.

I am in the middle, I am accepting of some risk for better returns.

I am comfortable with more risk if it will give me better returns.

I am not afraid of the market and want all in on the risk and returns.

When do you plan on using these funds?

Limited: < 2 years

Moderate: 2-5 years

Greater than 5 years

7 Years or more

Section 5 - Trusted Contact and Beneficiaries

Trusted Contact

Name	Relationship to you
Address	
Contact Number	Email Address

Beneficiary Information

Name	Relationship to you	Type	Primary	Percentage
Address			Contingent	
Contact Number	DOB			SSN

Name	Relationship to you	Type	Primary	Percentage
			Contingent	
Contact Number	DOB			SSN

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