

BANKER
INVESTMENT
GROUP

AN INVESTMENT ADVISORY AND MONEY MANAGEMENT FIRM

Client Name(s): _____

Date of birth: _____

Preferred e-mail address: _____

Daytime contact number: _____

Cell phone: _____

Children: _____ Date of Birth: _____

Accountant: _____

Lawyer: _____

Insurance Agent: _____

Amount of Life Insurance: _____

Do you have a will? **Yes** **No** If yes, when was it last updated? _____

Do you have investments or annuities held elsewhere that you would like me to review? **Yes** **No**

If yes, where? _____

How many times per year would you like to be contacted in person? _____

By phone? _____

Would you be interested in receiving periodic newsletters via e-mail? **Yes** **No**

If yes, what issues would most interest you? _____

What, if any, other services would you like your advisor to offer? _____

What areas, if any, could benefit from improvement? _____

What friends, colleagues, or family members could benefit from my services? _____

Additional suggestions or comments: _____
