

# QUESTIONNAIRE

This questionnaire will be used to update our system with some basic information for our records. You may complete this fillable form on your computer and bring with you to your initial meeting or email to your Wealth Advisor in advance, via their secure email upload. Thank you for taking the time to provide this essential information. If you have any questions, please give our office a call at 785-232-3266 and we would be happy to assist you.



Date: _____	CLIENT 1	CLIENT 2
Legal Name	_____	_____
Known as (Nickname)	_____	_____
Home Address	_____	_____
City, State, Zip Code	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
Social Security Number	_____	_____
Birthdate	_____	_____
Birthplace	_____	_____
Employer	_____	_____
Business Phone	_____	_____
Job Title	_____	_____
Date Started	_____	_____
Future Job Plans	_____	_____
Wedding Anniversary	_____	_____
Any Prior Marriages?	_____	_____

NAMES OF CHILDREN:	OF THIS MARRIAGE?	DATE OF BIRTH	SCHOOL GRADE	SOC. SEC. NUMBER
1.	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Health/Comments: _____				
2.	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Health/Comments: _____				
3.	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Health/Comments: _____				
4.	<input type="radio"/> Yes <input type="radio"/> No	_____	_____	_____
Health/Comments: _____				

Additional Notes (Family Health History, Dependent Parents, etc.):