

CONFIDENTIAL FAMILY INFORMATION SHEET

Date: _____

Name: _____

Residence Address: _____

Residence Phone: _____ Business Phone: _____

Email: _____

Marital Status: Single Married Divorced Widow / Widower Year married: _____

	Husband	Wife
Full Name		
Birthdate		
Occupation		

CHILDREN (including adopted children)	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

ADVISORS			
TITLE	NAME	ADDRESS	TELEPHONE
Accountant			
Financial Advisor			
Primary Personal Bank			
Life Insurance Agent			
Attorney			

QUESTIONS			
1.	Does anyone in your family have special educational, medical, or physical needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you or your spouse ever filed federal or state gift tax returns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you or your spouse have stock options?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are both you and your spouse United States citizens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you worked with a Fee-Only financial advisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you ever had a comprehensive financial plan prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WHY ARE YOU SEEKING A FINANCIAL ADVISOR?

HOW DID YOU FIND US?

Please fill out this form completely and mail, fax, or email back to our office. We will call you to schedule an appointment. Thank you for taking the time to fill out this form. It will make our meeting more productive.

Portland Financial Advisors, Inc.
12655 SW Center Street, #520
Beaverton, OR 97005
503-684-6116
Fax 503-684-6559
Email: info@pdxadvisors.com