

PERSONAL & FAMILY INFORMATION

Please complete the following information and return to Summit Financial Strategies, Inc.
Remember - all information will be held in the strictest confidence.

Legal name (spouse 1) _____

Legal name (spouse 2) _____

Home Street Address _____

City _____ State _____ Zip _____ - _____

Home Phone () _____

Spouse 1

Spouse 2

Please address me as.... _____

E-mail Address _____

Cell Phone () _____

U.S. Citizen? Yes No

Birthdate / /

Social Security Number - -

Occupation/Title _____

Employer Name _____

Date Employed / /

Street Address (Work) _____

City, State, Zip _____

Work Phone () _____

Work Fax () _____

Drivers License State: ___ Number: _____

Issue Date: _____

Expiration Date: _____

Best Time To Be Reached _____

Send correspondence to (circle one) Home Address _____'s Work Address

Other Address: _____

Summit Financial Strategies, Inc.
7965 North High Street, Suite 350
Columbus, Ohio 43235

PERSONAL & FAMILY INFORMATION

CHILDREN

	<u>Child 1</u>	<u>Child 2</u>
<i>Child's Name</i>	_____	_____
<i>Birthdate</i>	____ / ____ / ____	____ / ____ / ____
<i>Social Security Number</i>	____ - ____ - ____	____ - ____ - ____
<i>Spouse</i>	_____	_____
<i>Occupation</i>	_____	_____
<i>Their Children's Names</i>	_____	_____
	_____	_____
<i>Home Address</i>	_____	_____
	_____	_____
<i>Special Concerns/Notes</i>	_____	_____
	_____	_____

	<u>Child 3</u>	<u>Child 4</u>
<i>Child's Name</i>	_____	_____
<i>Birthdate</i>	____ / ____ / ____	____ / ____ / ____
<i>Social Security Number</i>	____ - ____ - ____	____ - ____ - ____
<i>Spouse</i>	_____	_____
<i>Occupation</i>	_____	_____
<i>Their Children's Names</i>	_____	_____
	_____	_____
<i>Home Address</i>	_____	_____
	_____	_____
<i>Special Concerns/Notes</i>	_____	_____
	_____	_____

PERSONAL & FAMILY INFORMATION

LIVING PARENTS / OTHER DEPENDENTS

	<u>Spouse 1 - Father</u>	<u>Spouse 1 - Mother</u>
<i>Name</i>	_____	_____ <i>Maiden Name:</i>
<i>Birthdate</i>	_____/_____/_____	_____/_____/_____
<i>Social Security Number</i>	_____-_____-_____	_____-_____-_____
<i>Occupation</i>	_____	_____
<i>Current Spouse</i>	_____	_____
<i>Address</i>	_____ _____ _____	_____ _____ _____
<i>Special Concerns/Notes</i>	_____ _____	_____ _____

	<u>Spouse 2 - Father</u>	<u>Spouse 2 - Mother</u>
<i>Name</i>	_____	_____ <i>Maiden Name:</i>
<i>Birthdate</i>	_____/_____/_____	_____/_____/_____
<i>Social Security Number</i>	_____-_____-_____	_____-_____-_____
<i>Occupation</i>	_____	_____
<i>Current Spouse</i>	_____	_____
<i>Address</i>	_____ _____ _____	_____ _____ _____
<i>Special Concerns/Notes</i>	_____ _____	_____ _____

PERSONAL & FAMILY INFORMATION

ADVISORS

Personal Attorney Name _____ Company _____
Address _____
City/State/Zip _____
Phone (____) _____ FAX (____) _____

Business Attorney Name _____ Company _____
Address _____
City/State/Zip _____
Phone (____) _____ FAX (____) _____

Accountant Name _____ Company _____
Address _____
City/State/Zip _____
Phone (____) _____ FAX (____) _____

Banker Name _____ Company _____
Address _____
City/State/Zip _____
Phone (____) _____ FAX (____) _____

Safe Deposit Boxes Bank Name _____ Box Number _____
Address _____
Box in the name of _____

Investment / Broker Name _____ Company _____
Address _____
City/State/Zip _____
Phone (____) _____ FAX (____) _____

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PERSONAL & FAMILY INFORMATION

Life Insurance Agent

Name _____ Company _____

Address _____

City/State/Zip _____

Phone (____) _____ FAX (____) _____

Property/Casualty Insurance Agent

Name _____ Company _____

Address _____

City/State/Zip _____

Phone (____) _____ FAX (____) _____

CURRENT MARRIAGE

Date Married _____ / _____ / _____ ***City, State*** _____

PREVIOUS MARRIAGE(S)

Parties of Marriage

Date Married

_____ / _____ / _____ ***Date Dissolved*** _____ / _____ / _____

Status of Marriage

Current Issues / Responsibilities

Parties of Marriage

Date Married

_____ / _____ / _____ ***Date Dissolved*** _____ / _____ / _____

Status of Marriage

Current Issues / Responsibilities
