

Personal and 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... _____

Email address* _____

Cell phone (____) _____

(____) _____

U.S. citizen? Yes No

Yes No

Birthdate ____ / ____ / ____

____ / ____ / ____

Social security number ____ - ____ - ____

____ - ____ - ____

Occupation/title _____

Employer name _____

Are you the officer or director of a public company? Yes No
If yes, explain _____

Yes No
If yes, explain _____

Are you subject to blackout periods for purposes of trading your employer's stock? Yes No
If yes, explain _____

Yes No
If yes, explain _____

Date employed ____ / ____ / ____

____ / ____ / ____

Street address (work) _____

City, state, zip _____

Work phone (____) _____

(____) _____

Work fax (____) _____

(____) _____

* By providing Summit with your email address you are authorizing electronic delivery of our privacy policy, annual ADV notice, and other regulatory communications.

PERSONAL AND FAMILY INFORMATION

Driver's license

State _____ No. _____

State _____ No. _____

Issued _____ Expires _____

Issued _____ Expires _____

Best time to be reached Send

correspondence to:

Select One

Home Address

Other: _____

Email (Spouse 1)

Email (Spouse 2)

Children

Child 1

Child 2

Child's name

Birthdate

_____ / _____ / _____

_____ / _____ / _____

Social security number

_____ - _____ - _____

_____ - _____ - _____

Spouse

Occupation

Their children's names

Home address

Special concerns/notes

Child 3

Child 4

Child's name

Birthdate

_____ / _____ / _____

_____ / _____ / _____

Social security number

_____ - _____ - _____

_____ - _____ - _____

Spouse

Occupation

Their children's names

Home address

Special concerns/notes

PERSONAL AND FAMILY INFORMATION

Living parents and other dependents

	Spouse 1 Father	Spouse 1 Mother
Name	_____	_____ Maiden name _____
Birthdate	____ / ____ / ____	____ / ____ / ____
Occupation	_____	_____
Current spouse	_____	_____
Address	_____ _____	_____ _____
Special concerns/notes	_____ _____ _____	_____ _____ _____

	Spouse 2 Father	Spouse 2 Mother
Name	_____	_____ Maiden name _____
Birthdate	____ / ____ / ____	____ / ____ / ____
Occupation	_____	_____
Current spouse	_____	_____
Address	_____ _____	_____ _____
Special concerns/notes	_____ _____ _____	_____ _____ _____

PERSONAL AND FAMILY INFORMATION

Advisors

Personal attorney Name _____ Company _____
Address _____
City/state/zip _____
Phone (____) _____ Fax (____) _____
Email _____

Business attorney Name _____ Company _____
Address _____
City/state/zip _____
Phone (____) _____ Fax (____) _____
Email _____

Accountant Name _____ Company _____
Address _____
City/state/zip _____
Phone (____) _____ Fax (____) _____
Email _____

Banker Name _____ Company _____
Address _____
City/state/zip _____
Phone (____) _____ Fax (____) _____
Email _____

Safe deposit boxes Bank Name _____ Box Number _____
Address _____
Box in the name of _____
Name _____ Company _____

Investment/broker Address _____
City/state/zip _____
Phone (____) _____ Fax (____) _____
Email _____

PERSONAL AND FAMILY INFORMATION

Advisors continued

Life insurance agent

Name _____ Company _____

Address _____

City/state/zip _____

Phone () _____ Fax _____

Email _____

Property/casualty insurance agent

Name _____ Company _____

Address _____

City/state/zip _____

Phone () _____ Fax _____

Email _____

Current marriage

Date married

 / /

Previous marriages

Parties of marriage

Date married

_____/_____/_____ Date Dissolved ____/____/_____

Current issues/
responsibilities

Parties of marriage

Date married

_____/_____/_____ Date Dissolved ____/____/_____

Current issues/
responsibilities

Which of the following best describes your investment objective(s)?

- Preservation of capital and focus on current income
- A balance between capital appreciation and current income
- Capital appreciation with little or no need for current income

Further Explanation/Description:

Investment Restrictions/Other Important Information (if none, indicate None):

Unless you indicate to the contrary in the spaces provided above, we will assume that there are no restrictions on our services, other than to manage the account in accordance with your investment objectives, which will be based upon the information provided above and your individual risk parameters.

Intended Purpose: This Questionnaire has been created by Summit with the assumption that the client will choose to implement planning recommendations and investment management services in conjunction with Summit. Although the client is under no obligation to further engage Summit for implementation services, in the event that the client chooses not to do so, Summit takes no responsibility for any implementation errors, lapses, or deficiencies.

The responses set forth on this Personal and Family Information questionnaire and a separate FinaMetrica Risk Profile are intended to elicit information from you to assist in identifying your investment needs/objectives and risk parameters, which will form the basis of your Investment Policy Statement to be prepared by Summit and presented to you for review and adoption. Your Investment Policy Statement will confirm your investment objectives and any corresponding investment-related restrictions, upon which Summit will rely in managing your accounts until you advise Summit, in writing, to the contrary.

Past performance may not be indicative of future results. Different types of investments involve varying degrees of risk. Therefore, you should not assume that future performance of any specific investment or investment strategy (including the investments and/or investment strategies recommended and/or undertaken by Summit) will be profitable. It remains your responsibility to advise Summit, in writing, if there are any changes in the information provided above, including any change in your personal or financial situation, or if you would like to impose, add, or to modify any reasonable restrictions to Summit investment advisory services.

Signature

Date

Signature

Date

SUMMIT FINANCIAL STRATEGIES

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