

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.

Reliance on Information Provided: Summit shall rely upon information provided by you, and will not verify the accuracy of any such information. Accordingly, in the event that any such information provided is inaccurate or incomplete, the corresponding results or recommendations will be inaccurate or incomplete. It remains your responsibility to notify Summit of any changes in the information provided.

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

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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	_____ _____ _____	_____ _____ _____

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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 _____

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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

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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):

Please Note: Unless indicated to the contrary in the spaces directly above, there are no restrictions on our services other than to manage the account(s) in accordance with your Investment Policy Statement

IMPORTANT DISCLOSURE INFORMATION

Intended Purpose: This Questionnaire has been provided by Summit Financial Strategies, Inc. with the assumption that the client will choose to implement planning recommendations and investment management services in conjunction with Summit Financial Strategies, Inc.. Although the client is under no obligation to further engage Summit Financial Strategies, Inc. for implementation services, in the event that the client chooses not to do so, Summit Financial Strategies, Inc. takes **no responsibility** for any implementation errors, lapses, or deficiencies. Summit Financial Strategies, Inc. is not a law firm, accounting firm, or insurance agency. Summit Financial Strategies, Inc. does not prepare legal documents or tax returns, nor does it sell insurance products.

Reliance on Information Provided: Summit Financial Strategies, Inc. shall rely upon information provided by you, and will not verify the accuracy of any such information that you have provided. Accordingly, in the event that any such information provided is inaccurate or incomplete, the corresponding recommendations and/or conclusions could be inaccurate or incomplete. It remains your responsibility to notify Summit Financial Strategies, Inc. of any changes in the information provided. **Please Remember:** Different types of investments involve varying degrees of risk. Therefore, it should not be assumed that future performance of any specific investment or investment strategy, or any non-investment related recommendations or services, will be profitable or prove correct. **Please remember that it remains your responsibility to advise Summit Financial Strategies, Inc., in writing, if there are any changes in the information provided above, including any change in your personal/financial situation, for the purpose of reviewing/revising previous recommendations and/or results, or if you would like to impose, add, or to modify any reasonable restrictions to Summit Financial Strategies, Inc.'s investment advisory services.**

Signature

Date

Signature

Date

SUMMIT FINANCIAL STRATEGIES

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t: (614) 885-1115 f: (614) 885-1495

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