



**STRATEGIQ**<sup>®</sup>  
FINANCIAL GROUP, LLC



# CLIENT INFORMATION

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PERSONAL AND CONFIDENTIAL

Investment advisory services are offered by StrategiQ<sup>®</sup> Financial Group, LLC ("StrategiQ<sup>®</sup>"), an investment adviser (RIA) registered with the Securities and Exchange Commission (SEC).

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# CLIENT INFORMATION

## CLIENT

FIRST NAME,	MI	LAST NAME	SUFFIX
NAME YOU PREFER TO BE CALLED			
GENDER		BIRTH DATE	
SOCIAL SECURITY #			
DRIVER'S LICENSE #	STATE ISSUE	DATE EXP.	
MARITAL STATUS	ANNIVERSARY DATE		
HOME ADDRESS			APT. #
CITY	STATE	ZIP	
VACATION / WINTER ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	MOBILE PHONE		
E-MAIL			
EMPLOYER			
OCCUPATION	BUSINESS TYPE		
WORK ADDRESS			
CITY	STATE	ZIP	
WORK PHONE	WORK MOBILE PHONE		
WORK E-MAIL	FAX		
WORK WEBSITE			
PREFERRED METHOD OF CONTACT			

## CLIENT 2

FIRST NAME,	MI	LAST NAME	SUFFIX
NAME YOU PREFER TO BE CALLED			
GENDER		BIRTH DATE	
SOCIAL SECURITY #			
DRIVER'S LICENSE #	STATE ISSUE	DATE EXP.	
MARITAL STATUS	ANNIVERSARY DATE		
HOME ADDRESS			APT. #
CITY	STATE	ZIP	
VACATION / WINTER ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	MOBILE PHONE		
E-MAIL			
EMPLOYER			
OCCUPATION	BUSINESS TYPE		
WORK ADDRESS			
CITY	STATE	ZIP	
WORK PHONE	WORK MOBILE PHONE		
WORK E-MAIL	FAX		
WORK WEBSITE			
PREFERRED METHOD OF CONTACT			

## ADDITIONAL INFORMATION

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# CLIENT INFORMATION CONT.

## CHILD 1

FULL NAME SOCIAL SECURITY #

DATE OF BIRTH DEPENDENT?

LIVING WITH YOU

MARRIED TO (IF ANY)

SPECIAL NEEDS?

## CHILD 2

FULL NAME SOCIAL SECURITY #

DATE OF BIRTH DEPENDENT?

LIVING WITH YOU

MARRIED TO (IF ANY)

SPECIAL NEEDS?

## CHILD 3

FULL NAME SOCIAL SECURITY #

DATE OF BIRTH DEPENDENT?

LIVING WITH YOU

MARRIED TO (IF ANY)

SPECIAL NEEDS?

## CHILD 4

FULL NAME SOCIAL SECURITY #

DATE OF BIRTH DEPENDENT?

LIVING WITH YOU

MARRIED TO (IF ANY)

SPECIAL NEEDS?

## UNIQUE CONSIDERATIONS

E.G. POA, TRUSTEE, GUARDIAN, GUARANTOR ON DEBTS ETC.

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E.G. POA, TRUSTEE, GUARDIAN, GUARANTOR ON DEBTS ETC.

## HEALTH

DO YOU, YOUR SPOUSE, OR ANY DEPENDENT HAVE HEALTH ISSUES OR SPECIAL NEEDS?  
IF SO, PLEASE EXPLAIN:



# CLIENT INFORMATION CONT.

PROFESSIONAL SERVICE PROVIDERS (E.G. ATTORNEY, ACCOUNTANT/CPA, INSURANCE AGENT ETC.)

PROFESSIONAL 1

COMPANY NAME

CONTACT

ADDRESS

CITY STATE ZIP

PHONE EMAIL

PROFESSIONAL 2

COMPANY NAME

CONTACT

ADDRESS

CITY STATE ZIP

PHONE EMAIL

PROFESSIONAL 3

COMPANY NAME

CONTACT

ADDRESS

CITY STATE ZIP

PHONE EMAIL

PROFESSIONAL 4

COMPANY NAME

CONTACT

ADDRESS

CITY STATE ZIP

PHONE EMAIL

PROFESSIONAL 5

COMPANY NAME

CONTACT

ADDRESS

CITY STATE ZIP

PHONE EMAIL

PROFESSIONAL 6

COMPANY NAME

CONTACT

ADDRESS

CITY STATE ZIP

PHONE EMAIL

## ADDITIONAL INFORMATION

Four horizontal lines for additional information.



# CLIENT INFORMATION CONT.

## CLUBS & MEMBERSHIPS CLIENT

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_
- (8) \_\_\_\_\_
- (9) \_\_\_\_\_
- (10) \_\_\_\_\_
- (11) \_\_\_\_\_
- (12) \_\_\_\_\_
- (13) \_\_\_\_\_
- (14) \_\_\_\_\_
- (15) \_\_\_\_\_

## CLUBS & MEMBERSHIPS CLIENT2

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_
- (8) \_\_\_\_\_
- (9) \_\_\_\_\_
- (10) \_\_\_\_\_
- (11) \_\_\_\_\_
- (12) \_\_\_\_\_
- (13) \_\_\_\_\_
- (14) \_\_\_\_\_
- (15) \_\_\_\_\_

## SUPPORTED ORGANIZATIONS CLIENT

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_

## SUPPORTED ORGANIZATIONS CLIENT2

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_