

# Client Data Sheet



MSA FINANCIAL  
FINANCIAL PLANNING | ASSET MANAGEMENT

Account Holder's Name

SSN# (9 digits, NO dashes, ie: 444556789):

Date of Birth (8 digits, NO slashes, ie: 04081985):

Email Address

Occupation

Employer's Name

Employer's Address

Affiliations (B/D, Patriot Act)

Legal Address

Mailing Address

Home Phone

Cell Phone

Annual Income \$

Net Worth \$

Liquid Net Worth \$

Federal Tax Bracket (check one)

Under 15%

Between 16%-31%%

Greater than 32%

Investment Objective (check one)

Current Income

Balanced

Growth & Income

Growth

Maximum Growth

Purposes of Investments

Time Horizon (check one)

Short (Less than 5 Years)

Intermediate (5-10 Years)

Long (More than 10 Years)

Investment Knowledge (check one)

None

Limited

Good

Excellent

Risk Tolerance (check one)

Conservative

Moderately Conservative

Moderate

Moderately Aggressive

Aggressive

Speculative

Number of Years Experience with:

\_\_\_\_\_ Mutual Funds

\_\_\_\_\_ Stocks

\_\_\_\_\_ Bonds

\_\_\_\_\_ Partnerships

\_\_\_\_\_ Annuities

\_\_\_\_\_ Options

Annual Recurring Expenses

Special Expenses

Time Frame

Total Assets Held Away Amount \$

Percentage held in:

Stocks

Options

Bonds

Alt Inv.

Foreign

Mutual Funds

VA

Fixed Annuities

Cash

Other

Documents (do you prefer mailed or electronic?) - check all that apply:

Statements   m   e

Confirms   m   e

Tax forms   m   e

Prospectuses   m   e

## BANKING INFORMATION

Bank Name

Checking and/or Savings Account

Routing #

Account #

Name(s) on Account

## BENEFICIARY INFORMATION

**Primary Name**

DOB \_\_\_\_\_

SSN# \_\_\_\_\_

Relationship

% \_\_\_\_\_

**Primary Name**

DOB \_\_\_\_\_

SSN# \_\_\_\_\_

Relationship

% \_\_\_\_\_

**Contingent Name**

DOB \_\_\_\_\_

SSN# \_\_\_\_\_

Relationship

% \_\_\_\_\_

**Contingent Name**

DOB \_\_\_\_\_

SSN# \_\_\_\_\_

Relationship

% \_\_\_\_\_

## TRUSTED CONTACT INFORMATION

Relationship to Client

Name

Address

City

State

Zip

Phone Number

Email