INTAKE FORM

ACTION FINANCIAL STRATEGIES LLC

Today's Date: ____________________

Family Data	Date of Birth	Birth Place
Your Full Name		
Spouse Full Name		
Child		
Child		
Child		
Child		

Residence: Address			Home Phone # ____________ Your cell # ____________ Your partner cell # ____________
City	State	Zip	
Email Address: Home	Work		Preference for use: ☐ Home ☐ Work

Employment Data	Occupation/Specialty	Employer	How Long?
You			
Spouse			

Your Employer's Address	City	State	Zip	Office Phone No.
Spouse Employer's Address	City	State	Zip	Office Phone No.

	Base Salary	Estimated Bonus	Other Sources	Other Sources
Your Primary Income				
Spouse Primary Income				

Financial Goals/Priorities

1. What are your top one or two financial concerns looking forward over the next five years?

   Your response:

   ____

   ____

   Spouse response:

   ____

   ____

2. How do you make important investment and financial decisions for you/your family?

   ____

   ____

3. What changes do you expect in your future finances that you would like to plan for?

   ____

   ____

4. Have you ever worked with a Financial Planner or Adviser before? ☐Yes ☐No
If yes, what was your experience?

5. What brings you the most enjoyment in life? What's preventing you from doing or engaging in that more often?

6. What do you hope to get out of a relationship with a financial planner and what are the keys to making this relationship a success for you?

   Your response:

   Spouse response:

7. Why do you think you need help in accomplishing your financial plans?

   Your response:

   Spouse response:

8. Is there anything further you think is important to tell us?

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