



IT'S ALL ABOUT YOU!!

This form is to help us better serve you. Thank you for your cooperation in filling out this info.

Name: _____ Spouse's Name: _____

Date of Birth (DOB): _____ Spouse's DOB: _____

Names of children living at home and date(s) of birth:

Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____

Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____

More About You *(the fun stuff!)*

My Favorite Restaurant: _____

My Spouse's Favorite Restaurant: _____

My Favorite Hobby(s): _____

My Spouse's Favorite Hobby(s): _____

My Favorite Sports Teams: _____

My Spouse's Favorite Teams: _____

More About You *(the boring stuff)*

Do you have a Financial Planner? Yes No Your Rating for this Pro: _____

Do you have a Will completed? Yes No Do you have a Trust? Yes No

Do you have a Preferred Realtor? Yes No Your Rating for this Pro: _____

Do you have a Tax Preparer? Yes No Your Rating for this Pro: _____

Do you Operate on a Budget? Yes No Budget Effectiveness: _____