CLIENT CONTACT FORM

GENERAL INFORMATION

NAME:			DOB:			
A			C		7.0	
ADDRESS:		CITY:	STATE	:	ZIP:	
PHONE[1]:		PHONE[2]:				
EMAIL[1]:		EMAIL[2]:				
Beneficiary Information						
MARITAL STATUS:	SINGLE	☐ MARRIED	☐ SEPARATED	☐ DIVORCED	□ WIDOWED	
SPOUSE NAME:	PHONE:		EMAIL:		DOB:	
Number of Dependents	S:					
DEPENDENT NAME:					DOB:	
DEPENDENT NAME:			ADT	NED	DOB:	
DEPENDENT NAME:			/ \ \		DOB:	
EMPLOYMENT INFORMATION						
EMPLOYER:		OCCUPATION:	LE	NGTH OF TIME AT F	POSITION:	

KINSHIP WEALTH PARTNERS

1050 CROWN POINTE PARKWAY, SUITE 1700, ATLANTA, GA 30338 ♦ TEL: 770-512-5100 ♦ FAX: 770-512-5154 KINSHIPWEALTHPARTNERS.COM

CLIENT HISTORY

1.	HAVE YOU WORKED WITH A FINANCIAL ADVISOR BEFORE? IF YES, WHAT WAS YOUR EXPERIENCE?				
2.	What have you done to financially plan in the past 10 years? 5 years?				
3.	What are your financial concerns, and how do you hope I can solve them with you?				
4.	HOW DID YOU HEAR ABOUT KINSHIP WEALTH PARTNERS?				

