

**EXENCIAL WEALTH ADVISORS - Client Information**

Referral Source \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Client Name: \_\_\_\_\_

**Type of Accounts:**

- Individual
- Joint
- Rollover IRA
- Trad. IRA
- Roth IRA
- Trust
- Other

**EWA Strategy:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

First Middle Last

Address:

Street City State Zip

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security# : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Bank Info: Name: \_\_\_\_\_ Account# \_\_\_\_\_ ABA# \_\_\_\_\_

Employment Status  Employed  Retired  Not Employed

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Employers Address: \_\_\_\_\_

**Spouse Information:** \_\_\_\_\_

Name: First Middle Last

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employment Status  Employed  Retired  Not Employed

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Employers Address: \_\_\_\_\_

**Beneficiary Information:**

**Primary:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ % Share \_\_\_\_\_ DOB \_\_\_\_\_  Per Stirpes

Name: \_\_\_\_\_ SS# \_\_\_\_\_ % Share \_\_\_\_\_ DOB \_\_\_\_\_  Per Stirpes

**Contingent:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ % Share \_\_\_\_\_ DOB \_\_\_\_\_  Per Stirpes

Name: \_\_\_\_\_ SS# \_\_\_\_\_ % Share \_\_\_\_\_ DOB \_\_\_\_\_  Per Stirpes