



Advisor.Investments

Let's get started by allowing our team to get some information from you so we can start putting the pieces of your puzzle together.

PERSONAL INFORMATION

1. Name: _____
2. Marital status: Married Single Widow/Widower
If "Married," is this your first and only marriage? _____

3. If divorced, have all financial issues been resolved from your previous marriage? Please note any remaining (ex: alimony, child support, and/or community property.)

4. What is your date of birth? _____
5. Spouse's name _____ DOB _____
6. Employer _____ Years employed at Employer _____
7. Do you have children? If so, their ages?
_____ Age _____ _____ Age _____
_____ Age _____ _____ Age _____
8. Do you have grandchildren? If so, their ages?
_____ Age _____ _____ Age _____
_____ Age _____ _____ Age _____
_____ Age _____ _____ Age _____
9. What is your address _____ City _____ State _____ Zip _____
10. What is your meeting location preference?
11. Contact Phone numbers:
Cell Phone: _____ Business: _____
Home Phone: _____ Other: _____
12. Preferred Email address: _____ Additional E-mail address: _____
NOTE: By providing your e-mail address we will be able to include you in future communications.

Advisory Services through Advisor.Investments • A doing business as name of Diversified Investment Strategies, LLC, an
SEC Registered Investment Advisor • Insurance Services through Advisor.Investments
Main Office and Mailing Address: 11939 Bricksome Avenue, Baton Rouge, LA 70816
Voice: (225) 292-0687 ~ Fax: (225)292-0006 ~ Toll Free: (866) 748-0687

24. Do you have any investments (ex: bonds, stocks, mutual funds) held outside the company plan? If so, please list the investments and the approximate value of each account.

25. Do you have an amount of NET Withdrawal per year/month desired at retirement? \$_____

26. Do you or your spouse have any inherited property?

27. Do you have any specific goals we should consider such as a special trip, camp RV, a new car, start consulting business, etc.? _____

28. Are you currently providing any financial assistance to any grown children, parents, or loved ones?

29. Are there any health conditions or concerns for you or any heirs that may require special planning? _____

30. Do you maintain any insurance (ex: life, cancer, and long term care) held outside the company Plan? If so, please list the policy, death benefit, and premium. _____

31. When do you plan to retire/invest? _____

32. Why do you want to retire/invest? _____

33. Do you plan to work part time or consult after retirement?

NEXT STEP

Thanks, that's a good start! Please send it back to us one of four ways:

- 1) **SHAREFILE:** [Click here](#) to upload files
- 2) **FAX:** 225-292-0006
- 3) **E-MAIL:** service@advisor.investments
- 4) **MAIL:** 11939 Bricksome Avenue, Baton Rouge, LA 70816

When is a good time for us to schedule your follow up appointment?

Date _____ Day of week _____ Time _____