



Information Sheet

Email: rfortune@fortuneadvisoryllc.com

Attach copy of identification (Drivers License, Passport, State ID)

PERSONAL

Name: Last _____ First _____ Middle _____
Address _____ City _____ State _____ Zip _____
Telephone: (H) _____ Cell _____ Email _____
Place of birth: State/Country _____ Driver Lic # _____ Exp Date _____
SSN _____ DOB ___/___/___ Passport # _____ US Citizen? (Y/N) _____
Height _____ Weight _____ Credit Score _____ Marital Status _____

EMPLOYMENT

Employer name _____ Business Address _____
City _____ State _____ Zip _____ Telephone _____
Occupation _____ Exact Duties _____

FAMILY & DESIGNATIONS

Name of Beneficiary 1 _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Telephone _____ DOB ___/___/___ SSN _____
Name of Beneficiary 2 _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Telephone _____ DOB ___/___/___ SSN _____

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INSURANCE

Existing life insurance policies? (Y/N)_____

If Yes provide Company name(s) and policy number(s)

FINANCES

Bank Name_____

Routing Number_____

Account Number_____

Name of Accountant_____

Address_____ City_____

State_____ Zip_____ Telephone_____

Tax Bracket_____% Business Income \$_____

Signature_____

Date_____