

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 _____
Number of years there _____ Salary \$ _____ Weekly/Biweekly/Annual _____

FAMILY & DESIGNATIONS

Parents ages: Mom _____ Dad _____
If deceased, what age and cause of death _____
Name of Beneficiary 1 _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Telephone _____ DOB ___/___/___ SSN _____
Name of Beneficiary 2 _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Telephone _____ DOB ___/___/___ SSN _____

MEDICAL

Doctor Name _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Date last seen ___/___/___ Reason for visit _____ Result of visit _____
Medications _____
How long _____ For what _____
Do you use Nicotine products? (Y/N) _____ Have you been treated for alcohol abuse? (Y/N) _____

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Any Health issues within the last 10 years (Y/N)? If yes, please explain _____

INSURANCE

Existing life insurance policies? (Y/N)_____

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

Do you have any pending or applied applications for disability or life insurance within the last 6 months? (Y/N)_____

Have you received or applied for workers compensation or disability from any source within the last 6 months? (Y/N)_____

LEGAL

Ever been convicted of a felony or misdemeanor? (Y/N)_____ Any moving vehicle violations within last 2 years, or DUI in past 5 years, or any convictions within last 2 years that caused your motor vehicle license to be suspended? (Y/N)_____

Any discharged bankruptcy proceedings in last 7 years? (Y/N)_____

FINANCES

Bank Name _____

Routing Number _____

Account Number _____

Name of Accountant _____

Address _____ City _____

State _____ Zip _____ Telephone _____

Tax Bracket _____% Business Income \$ _____

Signature _____

Date _____