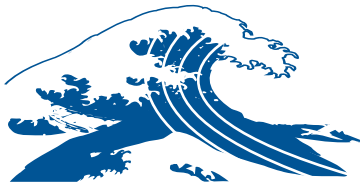


Personal Information

**CLIENT INFORMATION
QUESTIONNAIRE**



**Coast Wealth
MANAGEMENT INC.**

Personal and Confidential

Personal Information

Personal Information

	Client		Spouse
Full Name			
Address City / State / Zip			
Phone Numbers	(H) (W) (C)		(H) (W) (C)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #			
Date of Birth	____ / ____ / ____		____ / ____ / ____
City and State of Birth			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email Address	_____		_____
Dependents Name / Date of Birth Social Security #	1. _____ / __ / __ 2. _____ / __ / __ 3. _____ / __ / __	→	SSN# ____ - ____ - ____ SSN# ____ - ____ - ____ SSN# ____ - ____ - ____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed		<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employer			
Employer Address City / State / Zip			
Employment Income	\$ _____		\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____		\$ _____
Driver's License #	_____		_____