

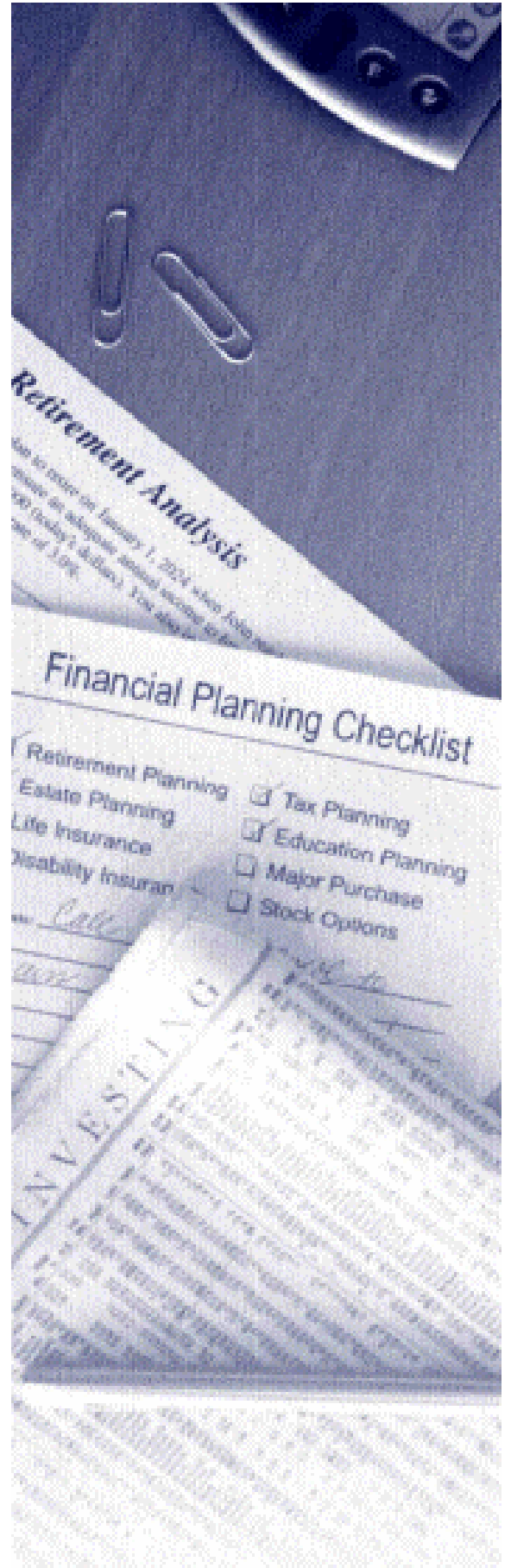


MATRIX WEALTH ADVISORS, INC.

Initial Data Questionnaire

Client Name:

Date



Client Information

CLIENT

Name: _____

Gender: _____ Date of Birth: _____ Citizenship: _____
(mm/dd/yy)

Employer: _____ How Long: _____
Job Title: _____

Home Address: _____

Street: _____

Home Phone: # _____

CO-CLIENT

Name: _____

Gender: _____ Date of Birth: _____ Citizenship: _____
(mm/dd/yy)

Employer: _____ How Long: _____
Job Title: _____

How Long? _____

City: _____ State: _____ Zip Code: _____

Home Fax: _____

Name of Child	Gender	Date of Birth

Do you or any dependents require special schooling or have a medical condition (physical or other impairments)? Yes No _____

Estate Planning Information

Client has a Will? Yes No Trust(s)? Yes No

Co-Client has a Will? Yes No Trust(s)? Yes No

Have you lived in any of the following states – Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?
If so, which one(s) and when? _____

Financial Planning Dreams

CLIENT

Desired Retirement Age: _____

Absolute Maximum Retirement Age: _____

Would you consider working part-time while retired? Yes No

If so, how many years? _____ Annual Income? \$ _____

What do you anticipate doing with your time during retirement years? _____

CO-CLIENT

Desired Retirement Age: _____

Absolute Maximum Retirement Age: _____

Would you consider working part-time while retired? Yes No

If so, how many years? _____ Annual Income? \$ _____

