



A TRUST COMPANY | CERTIFIED PROFESSIONAL GUARDIANS

NEW CLIENT INFORMATION QUESTIONNAIRE

YOUR INFORMATION

Your Name: _____ Date: _____
Relationship: _____
Referred by: _____

CLIENT INFORMATION

Client Name: _____ Date: _____
Date of Birth: _____ SSN: _____
Current Address: _____ Home Phone: _____
Cell Phone: _____
Email Address: _____
Spouse's Name: _____

DOCUMENT INFORMATION

Location of original powers of attorney, estate planning, or medical directives:

Location of safe deposit box and persons with access:

Location of important documents in your home:

Location of any other important documentation:

PROFESSIONAL CONTACT INFORMATION

Attorney	
Tax Preparer	
Investment Advisor	
Personal Banker	
Clergy	
Other	

INSURANCE INFORMATION *(Company, policy/account numbers, contact information, etc.)*

Medical/Medicare	
Medicare Supplement	
Long-Term Care	
Home	
Umbrella	
Auto	
Life	
Dental	

REGULAR INCOME SOURCES	
Employment	
Retirement	
Annuities	
Other	

ASSETS INFORMATION <i>(Company, account numbers, contact information, etc.)</i>	
Bank Account(s)	
IRA/401K	
Investment Account(s)	
Stocks	
Bonds	
LLC/Limited Partnership	
Residential Real Estate	
Investment/Rental Property	
Vacation/Other Property	
If married, assets held separately	

ASSETS INFORMATION (Continued)	
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Other	
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Other	
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Other	
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LIABILITIES (Please identify creditor and account number)	
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Mortgage(s)	
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Credit Card Account(s)	
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Other	
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Other	
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Other	
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DIGITAL ASSETS	
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*** GSS recommends that you keep a list of user names and passwords for internet-based accounts in secure location, or that you use a password management program***

Online Accounts	<input type="checkbox"/> E-Trade <input type="checkbox"/> PayPal <input type="checkbox"/> Amazon <input type="checkbox"/> Cloud Document Storage <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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Automated Bill Payment (Please give a detailed description)	
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ADDITIONAL CONTACT INFORMATION

Please list any additional pertinent contact information you would like us to have. *(Your children, family, friends, other beneficiaries of your trust/will, medical/legal/financial professionals etc.)*

Name: _____ Relationship: _____
Current Address: _____ Home Phone: _____
_____ Cell Phone: _____
Email Address: _____
Comments: _____

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