



& Associates

# PERSONAL DATA FORM

TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CLIENT

Title (Mr., Dr., etc.) \_\_\_\_\_ Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_ (Jr., III, etc.) \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Place (city, state) \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  Widowed Number of Dependents \_\_\_\_\_ Retired:  Yes  No

## SPOUSE (if applicable)

Title (Mr., Dr., etc.) \_\_\_\_\_ Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_ (Jr., III, etc.) \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Place (city, state) \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Retired:  Yes  No

## HOME INFORMATION

Physical Street Address (No P.O. Box) \_\_\_\_\_ Apt# \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Client Cellular (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Spouse Cellular (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Mailing Address (if different from above) \_\_\_\_\_ Client E-Mail \_\_\_\_\_ Spouse E-Mail \_\_\_\_\_

## CLIENT BUSINESS INFORMATION

Company Name \_\_\_\_\_  
 Occupation / Title \_\_\_\_\_ Length of Service \_\_\_\_\_  
 Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Nature of Business \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Ofc Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Ofc Fax \_\_\_\_\_

Affiliations – Are you affiliated with or employed by a stock exchange or member firm of either an exchange, the NASD or a municipal securities Broker-Dealer?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a "control person" or "affiliate" of a public company as defined in SEC RULE 144? This would include, but not necessarily limited to, 10% shareholders, policy-making executives and members of the Board of Directors.

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a senior foreign political figure or a family member or close relative of such? Yes \_\_\_\_\_ No \_\_\_\_\_

## SPOUSE BUSINESS INFORMATION

Company Name \_\_\_\_\_  
 Occupation / Title \_\_\_\_\_ Length of Service \_\_\_\_\_  
 Street Address \_\_\_\_\_ Suite # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Nature of Business \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Ofc Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Ofc Fax \_\_\_\_\_

Affiliations – Are you affiliated with or employed by a stock exchange or member firm of either an exchange, the NASD or a municipal securities Broker-Dealer?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a "control person" or "affiliate" of a public company as defined in SEC RULE 144? This would include, but not necessarily limited to, 10% shareholders, policy-making executives and members of the Board of Directors.

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a senior foreign political figure or a family member or close relative of such? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILDREN / GRAND-CHILDREN**

_____	<input type="checkbox"/> Child	_____	____ - ____ - _____	_____
Full Legal Name	<input type="checkbox"/> Grand-child	Birth Date	Social Security Number	Gender
_____	<input type="checkbox"/> Child	_____	____ - ____ - _____	_____
Full Legal Name	<input type="checkbox"/> Grand-child	Birth Date	Social Security Number	Gender
_____	<input type="checkbox"/> Child	_____	____ - ____ - _____	_____
Full Legal Name	<input type="checkbox"/> Grand-child	Birth Date	Social Security Number	Gender
_____	<input type="checkbox"/> Child	_____	____ - ____ - _____	_____
Full Legal Name	<input type="checkbox"/> Grand-child	Birth Date	Social Security Number	Gender

**FINANCIAL INFORMATION (amounts may be estimated)**

_____	_____	
Annual Income (from all sources)	Source of Income (if retired or unemployed)	
_____	_____	
Current Assets	Current Liabilities	_____
		Federal Tax Bracket

**Professionals:**

- Attorney     CPA     Other     Attorney     CPA     Other

\_\_\_\_\_

Firm Name

\_\_\_\_\_

Firm Name

\_\_\_\_\_

Individual Contact

\_\_\_\_\_

Individual Contact

\_\_\_\_\_

Title

\_\_\_\_\_

Title

\_\_\_\_\_

Legal Address ( No P.O. Box )

STE#

\_\_\_\_\_

Legal Address ( No P.O. Box )

STE#

\_\_\_\_\_

City

State    Zip

\_\_\_\_\_

City

State    Zip

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone

Ext

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone

Ext.

I certify that the information provided is true and correct to the best of my knowledge. I understand that the information provided is confidential and will only be shared and/or used in conformity with Trinity Portfolio Advisors, LLC, privacy policy.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature