COUPLE / FAMILY

PERSONAL INFORMATION QUESTIONNAIRE

IMPORTANT NOTE: Please complete the questionnaire below and upload, along with any documents, via the secure upload link that we provided. Reach out to your Corient team if you have not been provided a secure link. For your security, do not send the completed form or any documents via email.

PERSONAL INFORMATION

Client Name: __________

Date of Birth: __________ SSN #: __________

Citizenship: __________

Home Address: __________

City: __________ State: __________ Zip: __________

Cell Phone: __________

Email: __________

Which contact method do you prefer?

- ☐ Phone
- ☐ Email
- ☐ Text

Co-Client Name: __________

Date of Birth: __________ SSN #: __________

Citizenship: __________

Cell Phone: __________

Email: __________

FAMILY

Name: __________ Relation: __________

Gender: _____ Date of Birth: __________ Marital Status: __________ No. of Children: _____

Name: __________ Relation: __________

Gender: _____ Date of Birth: __________ Marital Status: __________ No. of Children: _____

Name: __________ Relation: __________

Gender: _____ Date of Birth: __________ Marital Status: __________ No. of Children: _____

Name: ______________________ Relation: ______________________

Gender: ________ Date of Birth: ______________ Marital Status: ______________ No. of Children: ______

PROFESSIONAL INFORMATION

Occupation: ______________________

Business Telephone Number: ______________________

Business Email: ______________________

Employer or Business Name: ______________________

Are you a director, 10% shareholder, policy making officer for any publicly traded company?

☐ Yes

☐ No

If yes, what company ______________________

CO-CLIENT PROFESSIONAL INFORMATION

Occupation: ______________________

Business Telephone Number: ______________________

Business Email: ______________________

Employer or Business Name: ______________________

Are you a director, 10% shareholder, policy making officer for any publicly traded company?

☐ Yes

☐ No

If yes, what company ______________________

PROFESSIONAL ADVISORS

Attorney

Company or firm: ______________________

Phone: ______________________

Email: ______________________

Business Attorney (if relevant)

Company or firm: ______________________

Phone: ______________________

Email: ______________________

Accountant

Company or firm: ______________________

Phone: ______________________

Email: ______________________

Professional Accountant

Company or firm: ______________________

Phone: ______________________

Email: ______________________

Life Insurance Agent

Company or firm: ______________________

Phone: ______________________

Email: ______________________

Business Property & Casualty Insurance Agent (if relevant)

Company or firm: ______________________

Phone: ______________________

Email: ______________________

Property & Casualty Insurance Agent

Company or firm: ______________________

Phone: ______________________

Email: ______________________

Please bring the following documents to your initial meeting

- ☐ Most recent tax return(s)
- ☐ Most recent brokerage/ mutual fund statement(s)
- ☐ Most recent retirement plan statement(s)—401k, 403b, etc.
- ☐ Most recent IRA statement(s)
- ☐ Most recent annuity statement(s)
- ☐ Most recent employer benefit statements (stock comp, deferred comp, etc.)
- ☐ Most recent payroll stub
- ☐ Social Security statement
- ☐ Most recent estate planning documents (wills, trusts, power of attorney)
- ☐ Disability and Life Insurance Coverage
- ☐ Most Recent Pension Statement