



(909) 330-0074 | www.searswealth.com

NEW CLIENT INTAKE FORM

Name: _____
(First Name) (Middle Initial) (Last Name)

Birth date: _____ Age: _____ Gender: Male Female

Social security number: _____

Marital status: Never married Partnered Married Divorced Widowed

Spouses' name: _____
(First Name) (Middle Initial) (Last Name)

Marital anniversary: ____/____/____

Number of children: _____ Ages: _____

Current home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Cell/other: _____ May we text you? Yes No

Email: _____ May we email you? Yes No

Referred by: Family Member Internet search Word of mouth Advertisement Other: _____

Please submit the completed form online at www.searswealth.com/secure-files

Investment advisory products and services made available through AE Wealth Management, LLC (AEWM), a Registered Investment Advisor. Insurance products are offered through the insurance business World Class Retirement Group, Inc. DBA Sears Wealth Management & Insurance Solutions (WCRG/SWMIS). WCRG/SWMIS is also an Investment Advisory Practice that offers products and services through AE Wealth Management (AEWM), a Registered Investment Advisor. AEWM does not offer insurance products. The insurance products offered by WCRG/SWMIS are not subject to investment Advisor Requirements. CA Lic # 0757582.

Misc Personal Information

Citizenship status: U.S. Citizen Resident Alien Non-Resident Alien

Birthplace: _____ Country for alien citizenship: _____

Identifications

Driver's license number: _____ Issue state: _____

Issue date: _____ Expiration date: _____

Please upload a photo of your Driver's License online at www.searswealth.com/secure-files



Health History

Please complete this section if you are applying for Life Insurance or Long-Term Care Insurance.

Primary Physician's Name: _____

Practice/Clinic's Name: _____ Primary Physician's phone number: _____

Street address: _____

Last exam date: _____ (city) (state) (zip)
Height: _____ Weight: _____

Do you smoke tobacco? Yes No

Please list any pre-existing medical conditions. (e.g. chronic pain, headaches, hypertension, diabetes, thyroid dysfunction, etc.): _____

Occupational Information

Are you currently employed? Yes No

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If yes, who is your employer? _____

What is your position? _____

Work address: _____

City: _____ State: _____ Zip: _____

Hire date? _____ Estimated retirement date? _____

Gross income: \$ _____

Beneficiary Information

Beneficiary #1

Share percentage: _____ % Type: Primary Contingent

Name: _____
(First Name) (Middle Initial) (Last Name) (Nickname)

Birth date: _____ Social security number: _____

Relationship to you: _____ Phone number: _____

Email: _____

Current address: _____
(city) (state) (zip)

Beneficiary #2

Share percentage: _____ % Type: Primary Contingent

Name: _____
(First Name) (Middle Initial) (Last Name) (Nickname)

Birth date: _____ Social security number: _____

Relationship to you: _____ Phone number: _____

Email: _____

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Current address: _____
(city) (state) (zip)

Beneficiary #3

Share percentage: _____ % Type: Primary Contingent

Name: _____
(First Name) (Middle Initial) (Last Name) (Nickname)

Birth date: _____ Social security number: _____

Relationship to you: _____ Phone number: _____

Email: _____

Current address: _____
(city) (state) (zip)

Beneficiary #4

Share percentage: _____ % Type: Primary Contingent

Name: _____
(First Name) (Middle Initial) (Last Name) (Nickname)

Birth date: _____ Social security number: _____

Relationship to you: _____ Phone number: _____

Email: _____

Current address: _____
(city) (state) (zip)

Beneficiary #5

Share percentage: _____ % Type: Primary Contingent

Name: _____
(First Name) (Middle Initial) (Last Name) (Nickname)

Birth date: _____ Social security number: _____

Relationship to you: _____ Phone number: _____

Email: _____

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Current address: _____
(city) (state) (zip)

Beneficiary #6

Share percentage: _____ % Type: Primary Contingent

Name: _____
(First Name) (Middle Initial) (Last Name) (Nickname)

Birth date: _____ Social security number: _____

Relationship to you: _____ Phone number: _____

Email: _____

Current address: _____
(city) (state) (zip)

Bank Account Details

When opening new financial accounts, the financial institutions will ask you to list a bank account on file. Please fill out the missing information below to help our team prepare your new account paperwork. This form does not authorize our firm to initiate electronic funds transactions (ACH).

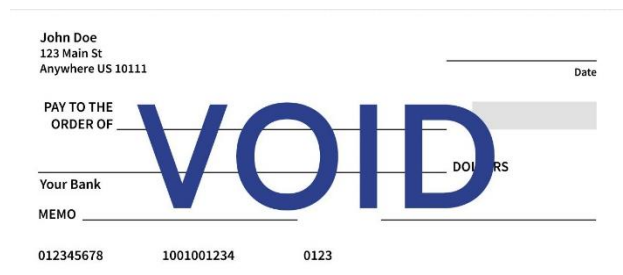
Bank account type: Checking account Savings account

Bank name: _____ Bank routing number: _____

Bank account number: _____

Name(s) on the bank account: _____

Please attach a voided check or bank statement.



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