ProFocus

Client Information Sheet

Please Print

Client Name:		Date of Birth:	SS #
Mother's Maiden Name:			
State D L Information:	Date issued:	State Issued:	Expiration Date:
Email Address:		Home #	Cell #
Self Employed?	Y / N	EIN # (if applicable):	
Employer Name:			
Employer Address:			
Current Position:			

Spouse's Name:		Date of Birth:	SS #
Mother's Maiden Name:			
State DL Information:	Date Issued:	State Issued:	Expiration Date:
Email Address:		Home #	Cell #
Self Employed?	Y / N	EIN # (if applicable):	
Employer Name:			
Employer Address:			
Current Position:			

Home Address:

City, State, Zip Code

Accountant/CPA Contact Information (Name/Address/Phone):

Minor Child	Name:	DOB:	SSN:
Minor Child	Name:	DOB:	SSN:
Minor Child	Name	DOB:	SSN:

Beneficiary Info:	Primary (Name & %):	Contingent (Name & %):
	SS#: Date of Birth:	SS#: Date of Birth:

Current Account
Type
_____

Account numbers:

Current Account
Type
_____

Account numbers:

Current Account
Type
_____

Account numbers:

Current Account
Type
_____

Account numbers:

Charles Schwab Accounts To Be Opened

Current Account
Type
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Current Account
Type
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Current Account
Type
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Current Account
Type
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Current Account
Type
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Current Account
Type
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Notes: