



PRESPER FINANCIAL ARCHITECTS

CLIENT PROFILE SHEET

DATE: _____ / _____ / _____

General Information:

Client Name (1) _____ Client Name (2) _____

Preferred Name (1) _____ Preferred Name (2) _____

Address: _____

Home Phone (1): _____ Home Phone (2): _____

Work Phone (1): _____ Work Phone (2): _____

Cell Phone (1): _____ Cell Phone (2): _____

Email (1): _____ Email (2): _____

Family Information:

Children's Names	Birthdates	Place of Residence	Spouse	Grandchildren/Ages
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any of the following?

Attorney Name: _____ Attorney Phone: _____

CPA/Tax Consultant Name: _____ Phone: _____

Do we have your permission to contact them if needed? Yes No

How do you prefer we contact you?

Client (1) Mail Home Phone Work Phone Cell Phone E-mail

Client (2) Mail Home Phone Work Phone Cell Phone E-mail

Presper Financial Architects

441 Wolf Ledges Pkwy, Ste 103 • Akron OH 44311-1038

44856 Hossler Dr. NW, Ste A • North Canton OH 44720-5436

Phone: 330.253.6000 • Fax: 330.374.1161 • www.pesperfinancial.com

Would you like to receive our weekly e-mail market commentary? Client (1) Yes No

Client (2) Yes No

Personal Information: (to help us get to know you better)

Are you currently serving in, or have you ever served in a branch of the Armed Forces? Client (1) Yes No

Client (2) Yes No

If you are retired, from what company did you retire? _____

What are your hobbies?:

Client (1) _____ Client (2) _____

What do you do for fun?

Client (1) _____ Client (2) _____

Do you use any of the following?

Facebook Linked In Twitter Skype Go To Meeting/JoinMe Financial Websites

Do you frequent any local sporting events/theater/orchestra? Yes No

If yes, please list _____

Are you involved in any community activities, clubs or service organizations? Yes No

If yes, please list _____

Are you involved in any church/or charitable activities? Yes No

If yes, please list _____

Do you need handicapped access or have any special physical needs we should know about? Yes No

If yes, please list _____

May we have your permission to add your names to our client Welcome Board when you come to see us?

Yes No

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS AND SEND IT BACK TO US!

This information will be used to help assess your current financial needs.
Your responses will not be sold or shared with any unauthorized parties.

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