



# INVESTMENT CONSULTING GROUP

## New Client Information Gathering

### **Primary Account Owner**

Legal Name

Date of Birth

\* Social Security #

Legal Address

Primary Phone

Primary Email

Number of Dependents

Employer

Job Title

Number of Years w/ Employer

Tax Bracket

### **Secondary Account Owner (if applicable)**

Legal Name

Date of Birth

\* Social Security #

Legal Address

Primary Phone

Primary Email

Number of Dependents

\*Please call the office to relay your Social Security Number

Employer

Job Title

Number of Years w/ Employer

Tax Bracket

**Beneficiary's (please complete for each beneficiary)**

**Beneficiary 1**

Legal Name

Relationship

Date of Birth

Social Security #

Legal Address

Primary Phone

Primary Email

Primary or Contingent Beneficiary?

Percent of Benefits

**Beneficiary 2**

Legal Name

Relationship

Date of Birth

Social Security #

Legal Address

Primary Phone

Primary Email

Primary or Contingent Beneficiary?

Percent of Benefits

Beneficiary 3

Legal Name

Relationship

Date of Birth

Social Security #

Legal Address

Primary Phone

Primary Email

Primary or Contingent Beneficiary?

Percent of Benefits

Beneficiary 4

Legal Name

Relationship

Date of Birth

Social Security #

Legal Address

Primary Phone

Primary Email

Primary or Contingent Beneficiary

Percent of Benefits

The data gathered in this questionnaire will not be used to open a new account, or change the information on existing accounts.

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