

**WINANS INTERNATIONAL
NEW CLIENT INFORMATION SHEET**



	Client	Spouse
Full Legal Name		
Social Security #		
Date of Birth		
Mailing Address		
Home Phone		
Cell Phone		
Fax		
Email Address		
Occupation		
Employer		
Work Address		
Work Phone		
Marital Status		
# of Dependents		
(circle one)	Driver's License / Passport / Gov't ID	Driver's License / Passport / Gov't ID
ID Number		
Place of Issuance		
Issue Date		
Expiration Date		
FOR ERISA ACCOUNTS ONLY		
Tax Id Number		
Corporate Representative		
# of Plan Participants		
# of Key Employees		
# of meetings with plan participants per year		
Dates of meetings with plan participants		
# of meetings with board of directors per year		
Dates of meetings with board of directors		
Fiscal Year End (Month)		

OTHER ADVISORS: Please list the names and phone numbers of other advisors (i.e., accountants, attorneys, business managers, pension plan administrators, etc.) who have permission to request and receive financial information directly from WI.

	Number

EMERGENCY CONTACT: Please list the name and phone number of the individual we should contact in the event of an emergency (i.e., death, hospitalization):

	Number