

# New Client(s) Questionnaire

Please fill and submit to [info@simplexityim.com](mailto:info@simplexityim.com) with subject **New Client(s)**

	Client #1:	Client #2:
Full Name (First, Middle, LAST)	_____	_____
Street Address	_____	_____
City	_____	_____
State	_____	_____
Zip	_____	_____
Phone(s)	_____ _____	_____ _____
Email(s)	_____ _____	_____ _____
Birth Year (YYYY)	_____	_____
Annual Income	<input type="checkbox"/> Less than \$200,000 <input type="checkbox"/> Greater than \$200,000	<input type="checkbox"/> Less than \$200,000 <input type="checkbox"/> Greater than \$200,000
Liquid Net Worth	<input type="checkbox"/> Less than \$1,000,000 <input type="checkbox"/> Greater than \$1,000,000	<input type="checkbox"/> Less than \$1,000,000 <input type="checkbox"/> Greater than \$1,000,000
Planned <b>Transition Year</b> from Contribution to Distribution Phase (eg retirement or other)	_____	_____
Intended <b>Initial</b> Account Type	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Tenants with Rights of Survivorship <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Rollover IRA <input type="checkbox"/> Other (Please Specify): _____	
Intended <b>Initial</b> Investment Amount	<input type="checkbox"/> Greater than \$10,000 <input type="checkbox"/> Greater than \$100,000 <input type="checkbox"/> Greater than \$1,000,000	