

Rumley Financial Services, LLC

Patrick Rumley, Financial Planner
3003 Minnesota Drive, Suite 304
Anchorage, Alaska 99503-3673
Phone: (907) 222.7866 FAX: (907) 865.2475

Information Request Form

Please complete this form before your first face-to-face meeting and e-mail to patrick.rumley@rumleyis.com or fax to 907.865.2475. If you have any questions, please don't hesitate to contact us at 907.222.7866.

E-MAIL/FAX WITH THIS FORM.

PLEASE BRING YOUR MOST RECENT BROKERAGE ACCOUNT STATEMENT(S) TO THE FIRST MEETING OR Client Information:

Mr. Mrs. Ms. Miss Dr. | Male Female | Married Single Divorced Domestic Partner Widowed

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Social Security #: _____ DOB: _____

E-Mail Address: _____

Employer: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ FAX #: _____

Annual Income: _____ Net Worth: _____

Country of Residence: _____ Citizenship: _____

ID/Document #: _____ Driver's Lic Passport Other Gov't ID

Issue Date (mm/yyyy): _____ Expiration: _____ Issuing Jurisdiction: _____

Spouse Information:

Mr. Mrs. Ms. Miss Dr. | Male Female

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Social Security #: _____ DOB: _____

E-Mail Address: _____

Employer: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ FAX #: _____

Country of Residence: _____ Citizenship: _____

ID/Document #: _____ Driver's Lic Passport Other Gov't ID

Issue Date (mm/yyyy): _____ Expiration: _____ Issuing Jurisdiction: _____

BENEFICIARY DESIGNATION

On the following page(s), please designate your primary and contingent beneficiaries. The total allocation of all primary beneficiaries must equal 100%. To designate your estate, please write "Estate" in the Primary Beneficiary 1. If no beneficiary is named, the beneficiary provisions outlined in the plan document will apply.

If you have any questions, please don't hesitate to contact me at 907-222-9812.

Primary Beneficiary 1 Information:

Male Female Estate Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Primary Beneficiary 2 Information:

Male Female Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Primary Beneficiary 3 Information:

Male Female Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Primary Beneficiary 4 Information:

Male Female Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Primary Beneficiary 5 Information:

Male Female Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Primary Beneficiary 6 Information:

Male Female Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Contingent Beneficiary 1 Information:

Male Female Estate Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Contingent Beneficiary 2 Information:

Male Female Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Contingent Beneficiary 3 Information:

Male Female Trust Group

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Relationship: _____

Social Security/Tax ID #: _____ DOB: _____

E-Mail Address: _____ Percentage: _____

Additional Information:

Annual Income: \$ _____

Net Worth: \$ _____

Annual Income and **Net Worth** may be approximate. Each should be the *combined* figure for the individuals named above.

Net Worth should be figured *exclusive* of values of the principal residence, furnishings, automobiles, and associated secured debt.

Approx. Marginal Tax Rate: 0-10% 11-20% 21-30% Over 30%

Investment Experience: None Limited Moderate Experienced

Completed Forms Can Be E-Mailed or Faxed:

patrick.rumley@rumleyis.com

907-222-9807

If you have any questions, please don't hesitate to contact us at 907-222-9812

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