



Acorn Financial Services

3600 Chain Bridge Road, Fairfax, VA 22030 Telephone (703) 293-3100
Fax (703) 273-6959 Email: acorn@acorn-financial.com

Client Profile Questionnaire

Date: _____

To best serve your financial needs, we ask that you complete the following questionnaire as completely as possible. We hold this information in strict confidence and do not share with any outside parties. All information on page 1 must be obtained as required by Federal Law and the USA Patriot Act. Our financial institution must obtain, verify, and record information that identifies each person who opens an account.

Primary Profile

Name: _____ Date of Birth: _____
 Email: _____ SSN: _____
 US Citizen: Yes No: Specify Citizenship _____ Cell Phone: _____
 Martial Status: Single Married Widowed Domestic Partner Gender: Male Female
 Employment Status: Employed Self-Employed Business Owner Unemployed Retired
 Occupation: _____ Yrs. Employ. _____ Work Phone: _____
 Employer Name: _____ Annual Income: \$ _____
 Employer Physical Street Address, City, & State: _____
 Preferred method(s) of contact: Primary (select all that apply): Work # Cell # Home # Email
 Secondary (select all that apply): Work # Cell # Home # Email
 Do Not Use (select all that apply): Work # Cell # Home # Email

Secondary Profile

Name: _____ Date of Birth: _____
 Email: _____ SSN: _____
 US Citizen: Yes No: Specify Citizenship _____ Cell Phone: _____
 Martial Status: Single Married Widowed Domestic Partner Gender: Male Female
 Employment Status: Employed Self-Employed Business Owner Unemployed Retired
 Occupation: _____ Yrs. Employ. _____ Work Phone: _____
 Employer Name: _____ Annual Income: \$ _____
 Employer Physical Street Address, City, & State: _____
 Preferred method(s) of contact: Primary (select all that apply): Work # Cell # Home # Email
 Secondary (select all that apply): Work # Cell # Home # Email
 Do Not Use (select all that apply): Work # Cell # Home # Email

Home Physical Address: _____ [No PO Boxes]
 City, State, Zip: _____ Home Phone: _____
 Home Mailing Address (if different): _____

Are you or any member of your immediate family employed by a bank, insurance company, investment advisor, broker/dealer, or FINRA? Yes No If Yes, Specify _____

Have you or any member of your immediate family ever been a corporate officer, director, or +10% owner of a public company?
 Yes No If Yes, Specify _____



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Home

Primary Residence

Fair Market Value:	Mortgage Balance	Monthly Payment:
\$	\$	\$

Secondary Residence/Investment Property

Fair Market Value:	Mortgage Balance	Monthly Payment:
\$	\$	\$

Liabilities [List Credit Cards, Line of Credits, Student Loans, Auto Loans]

Liability Name	Balance Due	Interest %	Mo. Payment	Increasing Balance	Steady Balance	Decreasing Balance
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Insurance

Insured	Owner	Beneficiary	Type	Company	Premium	Death Benefit
1.						
2.						

Disability and Long Term Care

Insured	Type	Company	Premium	Benefit
1.				
2.				



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Personal Planning Issues What are your primary financial concerns? (check all that apply)

- Retirement planning, including IRAs, 401(k)s, TSPs, and rollovers
- Investment planning
- 529 College or education funding programs
- Insurance planning or insurance review
- Tax planning
- Stock options
- Estate Planning or estate preservation
- Budgeting, cash flow planning, or debt management
- Charitable trusts or charitable planning
- Portfolio allocations or re-balancing
- Real estate, including refinancing, purchases, 2nd homes

Business Planning Issues What are your primary financial concerns, if applicable? (check all that apply)

- New business formation
- Business valuation
- Qualified retirement plan
- Deferred compensation
- Stock options
- Buy/sell stock redemption
- Key person life insurance
- Investment planning

Goals

Short-term goals (under 6 months)

Mid-term goals (up to 1 year)

Long-term goals (over 1 year)

Target Date

How did you hear about us?

Referral, from whom?
