TAYLOR FINANCIAL GROUP, LLC
THE RIGHT PARTNER CAN MAKE ALL THE DIFFERENCE

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Client Information & Preferences

Name:____________________ **Date of Birth:**____________________
Spouse Name:____________________ **Date of Birth:**____________________
Address:____
Home Phone:____________________ **Cell Phone:**____________________
Work Phone:____________________ **Email:**____________________

Client Preferences
Wine: ____________________ Coffee: ____________________
Drink: ____________________ Lunch: ____________________
Restaurant:____________________ Pets:____________________
Shirt Size:____________________ Misc:____________________

What Are Your…
Personal Interests:____
Investment Interests:____
Professional Interests:____
Health/Medical Concerns:____
Hobbies:____

Spouse Preferences
Wine: ____________________ Coffee: ____________________
Drink: ____________________ Lunch: ____________________
Restaurant:____________________ Pets:____________________
Shirt Size:____________________ Misc:____________________

What Are Your…
Personal Interests:____
Investment Interests:____
Professional Interests:____
Health/Medical Concerns:____
Hobbies:____

Wedding Date: ____________________

Children:

Child's Name: ______________________________ Child's Name: ______________________________

DOB: ____________ SSN: __________________ DOB: ____________ SSN: __________________

Child's Name: ______________________________ Child's Name: ______________________________

DOB: ____________ SSN: __________________ DOB: ____________ SSN: __________________

Communication Preferences

1. How frequently would you like to have a portfolio review?

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually

Comments: ____

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2. How would you like us to conduct the portfolio review?

- ☐ In Person
- ☐ By Telephone
- ☐ By Web Meeting
- ☐ In Writing
- ☐ Other: ____

3. How often would you like to receive calls from our team?

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually

Comments: ____

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4. What is your preferred method of communication?

- ☐ Email: ___________________________________
- ☐ Regular Mail
- ☐ Phone Call
  - ☐ Home
  - ☐ Work
  - ☐ Cell

5. Would you like to receive an e-mail or phone call when the markets go down?

- ☐ Yes
  - ☐ Email
  - ☐ Phone Call
- ☐ No

6. Would you like to receive additional materials to analyze your investments and the market?

- ☐ Yes
  - ☐ Email
  - ☐ Regular Mail
- ☐ No

7. Would you like to receive our weekly e-mail communication, The Week Ahead, which includes market updates and personal finance news?

- ☐ Yes
- ☐ No

Additional Comments: ____

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If there is anything we can do to better serve you, please let us know.