

BARE
Financial Services Inc.
Personal Data Form

Today's Date _____

PERSONAL DATA

Full Name _____ Social Security # _____

Birth Date _____ State of Birth _____ Driver's License # _____

Spouse Name _____ Social Security # _____

Birth Date _____ State of Birth _____ Driver's License # _____

Favorite Restaurant _____ Wedding Anniversary _____

Home Street Address _____ Preferred?

City _____ State _____ Zip Code _____ Home Phone _____ []

Email _____ Cell Phone _____ []

Fax Line: _____ Work Phone _____ []

EMPLOYMENT INFORMATION

Employer / Business Name _____

Occupation _____ [] Self Employed

Business Address _____

Spouse Employer / Business Name _____

Spouse Occupation _____ [] Self Employed

Spouse Business Address _____

CHILDREN OR DEPENDENTS

Name _____ Age _____ Birth Date _____

Social Security # _____ Married Y or N

Name _____ Age _____ Birth Date _____

Social Security # _____ Married Y or N

Name _____ Age _____ Birth Date _____

Social Security # _____ Married Y or N

Name _____ Age _____ Birth Date _____

Social Security # _____ Married Y or N

Name _____ Age _____ Birth Date _____

Social Security # _____ Married Y or N

[Please turn over]

FINANCIAL DATA

Sources of Income

	Client	Spouse
Wages / Revenue (annual)	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pensions / Retirement	\$ _____	\$ _____
Others (list) _____	\$ _____	\$ _____

Total Household Income \$ _____

Tax Bracket [] 15% and below [] 25% - 27.5% [] Over 27.5%

Assets

Checking Accounts	\$ _____
Savings/Money Markets	\$ _____
CD's	\$ _____
Home Residence (FMV)	\$ _____
Other Real Estate	\$ _____
Retirement Plans / IRAs	\$ _____
Other Investments	\$ _____
Others (list)	
_____	\$ _____
_____	\$ _____

TOTAL ASSETS \$ _____

Liabilities

Home Mortgage	\$ _____
Credit Card	\$ _____
Auto Loan	\$ _____
Home Equity	\$ _____
Others (list)	
_____	\$ _____
_____	\$ _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

Liquid Net Worth \$ _____

INSURANCE DATA

Policy type (Life, LTC, Disability, etc.)	Policy Owner	Benefit Amount	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INVESTOR PROFILE

I would classify my risk tolerance as: [] Low [] Moderate [] Aggressive [] Speculative

Investment experience (amount of years): Mutual Funds _____ Stocks _____ Bonds _____
Limited Partnerships _____ Options _____ Variable Annuities _____

Investment time horizon: [] Short (1-5 yrs) [] Intermediate (5-10 yrs) [] Long (10+ yrs)

PURPOSE OF MEETING

By meeting with Bare Financial Services, I would hope to accomplish: _____

