RUBIN HAY PC

Personal Information Checklist

		Date Completed:			
Name	Nickn	ameU	U.S. Citizen [] Yes [] No		
Home address					
Home Phone Cell Phone _					
Employer	Position				
Business address		Business telephone	2		
Birthdate Date o	f Marriage				
Spouse	Nickname_	U.S	S. Citizen [] Yes [] No		
Cell Phone Email A	Email Address		thdate		
Employer	Position				
Business address		Business telephor	ne		
Client's Children (use full name)	ADDRESS		BIRTHDATE		
Spouse's Children (if different from above)	ADDRESS		BIRTHDATE		
Other Relevant Parties	ADDRESS		RELATIONSHIP		
Advisers Accountant Attorney			TELEPHONE		
Financial Planner					
Homeowners Insurance Agent					
Referred to our firm by					

CASH

Name of Institution		YPE		AMOUNT
	OCKS AND BON	IDS	OWNER	
Description			OWNER*	VALUE
	REAL ESTATE		_	
General description and/or address	OWNER*		LUE	MORTGAGE

^{*}Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC) If property is owned either JT or TC with someone other than spouse, please furnish name and relationship.

BUSINESS INTERESTS

Company (and Desc	cription)	NUMBER OF SHARES	PERCENTAGE OWNERSHIP		/SELL MENT** OW	NER* VALU
**Please indicate i	f o Duy/Coll A	graamant Evista				
Flease indicate in	i a Buy/Seii Aş					
			REMENT PI , 401K etc)	LANS		
Type of Plan	СОМР	ANY	BENEFICIARY YOUR DEA		PERCENT VESTED	VALUE
	PERSON	AL EFFEC	TS AND OT	HER A	SSETS	
Furniture, automo	biles, jewelry,	collectibles and	other personal as	sets of mo	ore than nomi	nal value)
	-	Fotal estimated	fair market v	alue		

LIFE INSURANCE

INSURED	COMPANY	AMOUNT	TERM/ WHOLE	LOANS	OWNER	BENEFICIARY
		LIA] (other than mor	BILITIES tgages reflect			
	CIPATED INHE	ERITANCE, C	GIFT, OR	LAWS	UIT JUI	OGMENT
Description						
	Tot	tal estimated value				

(Revised 1-2016)