



NEW CLIENT INFORMATION

Today's Date:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner	
Your Name:	Date of Birth:
Spouse/Partner:	Date of Birth:
Physical Address:	
City and Zip:	
Mailing Address: (if different from physical address)	
City and Zip:	
Home Phone:	
Cell Phone:	Spouse Cell:
Work	Spouse Work:
Email:	Spouse Email:

What services are you interested in: *(check all that apply)*

- | | |
|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Tax Planning Strategies | <input type="checkbox"/> Insurance – Life/Disability/LTC |
| <input type="checkbox"/> Financial/Retirement Planning | <input type="checkbox"/> College/ Education Planning |
| <input type="checkbox"/> Investment Planning | <input type="checkbox"/> Other: _____ |

Please tell us how you heard about us: *(check all that apply)*

- | | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Drove by/Walked in | <input type="checkbox"/> Other (Please explain):
_____ |
| <input type="checkbox"/> Search Engine (Google, Yahoo, Yelp!, Yellow pages, etc.) | _____ |
| <input type="checkbox"/> Pink Spots | <input type="checkbox"/> Friends/Family (Please name them):
_____ |
| <input type="checkbox"/> Half Moon Bay Review | _____ |
| <input type="checkbox"/> Coastside Calendar | _____ |
| <input type="checkbox"/> Pacifica Tribune | |
| <input type="checkbox"/> Chamber of Commerce | |

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