



DREAM • PLAN • GROW • PROTECT

Specializing in helping grow and protect the wealth of family farms, ranches,
and unique professionals serving rural America.

Client Information Sheet

Full Name	Date of Birth		
Social Security #	Cell Phone #		
Driver's License #	Expiration Date	State	
Email Address	Home Phone #		
Home Address			
City	State	Zip	
Mailing Address (if different)			
Spouse's Name	Phone #		
Spouse's Employer	Job Title		

EMPLOYMENT INFORMATION

Place of Employment	Job Title		
Work Address	City, State, Zip		
Work Phone #	Date of Hire		
Annual Wages or Hourly Rate \$	Annually -OR- \$	per hour, #	Hours per week
	% from paycheck or \$	per paycheck	

Please Fill in Page 2

Securities offered through Securities America, Inc., a Registered Broker/Dealer, Member FINRA/SIPC, Joel Nelson, Investment Representative. Advisory services offered through Securities America Advisors, Inc., an SEC Registered Investment Advisory Firm, Joel Nelson Financial Planner. The Securities America Companies and Nelson Financial are separate entities.

<p align="center">Areas you would like our help in:</p> <p align="center"><i>We help you clarify your dreams and inspire your plans for your future. We provide the advice to grow and protect your wealth in order to achieve your dreams.</i></p>		<p align="center">Other Professionals You Work With:</p> <p align="center"><i>As truly independent financial planners, we manage complex relationships with your other professional advisors.</i></p>	
		<p align="center">Would you recommend this person to family/friends?</p>	
<input type="checkbox"/> Achieving Financial Independence	Financial Advisor:	YES	NO
<input type="checkbox"/> Investment Advice	Accountant:	YES	NO
<input type="checkbox"/> Financial Planning	Attorney:	YES	NO
<input type="checkbox"/> Retirement Planning	Insurance Agent:	YES	NO
<input type="checkbox"/> Retirement Income Planning	Banker:	YES	NO
<input type="checkbox"/> College Funding			
<input type="checkbox"/> Estate Planning	<p align="center">Products you want our help with:</p> <p align="center"><i>We provide independent advice on the financial tools you need to implement your plan and achieve your goals.</i></p>		
<input type="checkbox"/> Insurance Consulting			
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Mutual Funds/ETFS	<input type="checkbox"/> Long Term Care Insurance	
<input type="checkbox"/> Car Insurance	<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> Other: Please Describe	
<input type="checkbox"/> Home Insurance	<input type="checkbox"/> Annuities		
<input type="checkbox"/> Business/Farm Insurance	<input type="checkbox"/> CD's		
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Disability Insurance		
<input type="checkbox"/> Other			

BENEFICIARIES

Primary or Secondary	Name	SSN	DOB	Relationship	%
Primary					

Emergency / Trusted Contact

Name	Address	City, State, Zip Code	Phone Number	Relationship

PLEASE RETURN TO US BY EMAIL: aliana@jnelson-financial.com, FAX: (970)360-7019, or MAIL: PO Box 750, Sterling, CO 80751