



NELSON FINANCIAL™

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 #	
Driver's License #, State, Issue & Expiration Date	
Spouse's Name	
Spouse's Employer	
Home Address	
City, State, Zip	
Mailing Address (if different)	
City, State, Zip	
Home Phone #	
Cell Phone #	
Email Address	
Mother's Maiden Name	
EMPLOYMENT INFORMATION	
Annual Wages or Hourly Rate	\$_____ Annually -OR- \$_____ per hour, #_____ Hours worked per week
Contributing Preference	_____ % from paycheck or \$_____ per paycheck
Place of Employment:	
Work Address:	
City, State, Zip	
Work Phone #	
Date of Hire	
Job Title/Occupation	

Please Fill in Page 2 on Reverse Side

Securities and Investment Advisory services offered through Osaic Wealth, Inc. member FINRA/SIPC. Osaic Wealth is separately owned and other entities and/or marketing names, products or services referenced here are independent of Osaic Wealth. Osaic Wealth and its representatives and Nelson Financial do not provide tax or legal advice.

<h3 style="text-align: center;">Areas you would like our help in:</h3> <p><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>		<h3 style="text-align: center;">Other Professionals You Work With:</h3> <p><i>As truly independent financial planners, we manage complex relationships with your other professional advisors.</i></p>	
		Would you recommend this person to family/friends?	
<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	<h3 style="text-align: center;">Products you want our help with:</h3> <p><i>We provide independent advice on the financial tools you need to implement your plan and achieve your goals.</i></p>		
<input type="checkbox"/> Estate Planning			
<input type="checkbox"/> Insurance Consulting			
<input type="checkbox"/> Life Insurance			
<input type="checkbox"/> Car Insurance			
<input type="checkbox"/> Home Insurance			
<input type="checkbox"/> Business/Farm Insurance			
<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Mutual Funds/ETFS	<input type="checkbox"/> Long Term Care Insurance	
<input type="checkbox"/> Other	<input type="checkbox"/> Stocks/Bonds	<input type="checkbox"/> Other: Please Describe	
	<input type="checkbox"/> Annuities		
	<input type="checkbox"/> CD's		
	<input type="checkbox"/> Disability Insurance		

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: christopher@jnelson-financial.com, FAX: (970)521-5091, or MAIL: PO Box 750, Sterling, CO 80751