MILLER & GAY
Investment Management
An Independent Firm

RAYMOND JAMES®
FINANCIAL SERVICES, INC.
Member FINRA/SIPC

Securities and investment advisory services offered through Raymond James Financial Services, Inc.

New Client Information Form — *Please Bring to Initial Appointment*

Full Name Primary:	***Marital Status:***
	Spouse Full Name *(if applicable)****:***
Primary Date of Birth:	***Spouse Date of Birth*** *(if applicable)****:***
Social Security Number Primary:	***Spouse Social Security Number*** *(if applicable)****:***
	Anniversary *(if applicable)****:***
Home Address:	***Additional Address*** *(if applicable)****:***
Home Phone:	
Primary Cell Phone:	***Spouse's Cell Phone*** *(if applicable)****:***
Primary E-mail Address:	***Spouse's E-mail Address*** *(if applicable)****:***
Do you wish to receive branch initiated communication regarding market trends, branch updates, or Raymond James updates via occasional e-mails? *Yes No*	***Does your spouse wish to receive branch initiated communication regarding market trends, branch updates, or Raymond James updates via occasional e-mails?*** *Yes No*
On average, how many times per week do you access the Internet? *Never Less than 3 Less than 7 More than 7*	***On average, how many times per week does your spouse access the Internet?*** *(if applicable) Never Less than 3 Less than 7 More than 7*
Are you widowed, legally separated or divorced? *Yes No (If yes, please circle which)*	***Name(s) of Former Spouse(s)*** *(if applicable)****:***
Date of death, decree, or separation:	***Please describe any alimony /child support obligations you may have or are the recipient thereof:***
Do you have children? *Yes No (If yes, please list names and birthdates on remainder of page)*	***Name/Birthdate:***
Name/Birthdate:	***Name/Birthdate:***
Name/Birthdate:	***Name/Birthdate:***

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Please circle how you first heard of Miller & Gay, Raymond James Financial Services, Inc.?

Referral — *Advertisement* — *Other*

Referred by whom?

Where was the advertisement?

Explain "Other":

Have you previously managed your finances through another firm? *Yes* *No*

If so, what was the name of the previous organization?

We strive to value our clients in each of the following ways. Please circle the <u>three</u> attributes that you most value from those managing your finances.

Advisor proves his/her awareness of current events and market trends

Advisor demonstrates ability to provide relevant, understandable advice to clients

Firm regularly communicates with clients regarding firm/market news

Advisor holds experience in the financial industry worthy of client trust

Advisors share personal relationships with clients

Advisor is readily available for appointments and reachable by telephone

What services do you think you may be interested in (check beside all applicable)?

Investment Management
Mutual Funds
Fee-based Asset Management
Commission-based Asset Management
Stock and bond research
Tax Management Strategies
Pre-Retirement Planning
Guaranteed Retirement Income
Retirement Distribution Planning
College Planning
IRA/401(K) Rollovers
Capital Preservation Strategies
Trust Services and Estate Planning
Pensions and Profit Sharing Plans
Life/ Health/Disability/Long-Term Care Insurance
I'm not sure where to begin
Other______________________________

In the future, would you like a reminder phone call or e-mail one business day before your scheduled appointment?
Yes, Phone — *Yes, e-mail* — *Neither*

How often do you prefer to meet with your financial advisor?
Bi-monthly — *Quarterly* — *Bi-annually* — *Annually*

Questions? Feel free to contact our office weekdays 8:30am-5pm at 717-848-1248.

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In order to help us help you efficiently manage your financial planning, please provide us with the following information about other professional advisors of your choice:

Name of Attorney:

Name of Accountant:

Name of Property, Casualty, and/or Life Insurance Agent(s):

Health and Life Insurance Provider(s):

Do you have Group Health Insurance? Yes No

Do you have an umbrella insurance policy? Yes No

Please list any other financial firms or banks who also assist you in the management of your finances:

*Name:*________________________________ *Account type:*________________________________

*Name:*________________________________ *Account type:*________________________________

*Name:*________________________________ *Account type:*________________________________

Do you have a will? Yes No

Do you have a living will?
Yes No

If you have declared a power of attorney, who might that be?
*Name:*______________________________________
Relation to you: ______________________________

I have not declared a power of attorney _______

If you have declared a medical power of attorney, who might that be?
*Name:*______________________________________
Relation to you: ______________________________

I have not declared a medical power of attorney _______

Do you have a living trust agreement?
Yes No

Does your spouse have a living trust agreement?
Yes No

Does your spouse have a will? *(if applicable)*
Yes No

Does your spouse have a living will?
(if applicable) Yes No

If your spouse has declared a power of attorney, who might that be? *(if applicable)*
*Name:*______________________________________
Relation to him/her: __________________________

He/she has not declared a power of attorney _______

If you have declared a medical power of attorney, who might that be? *(if applicable)*
*Name:*______________________________________
Relation to him/her: __________________________

He/she has not declared a medical power of attorney _______

I attest that all information I have provided is true and reliable to the best of my knowledge regarding myself and if applicable, my spouse. I understand that the information I have provided will remain strictly confidential and will be used for improving the efficiency of the management of my finances. I also understand that it is my responsibility to notify my financial advisor of any changes to the information I have provided.

Signed: _____________________________________ *Date:* _____________

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Please circle your employment status.

Employed by: ________________ *Self Employed* *Not Employed Outside the Home*

Retired *Student* *Military:*________________ *(Are you a veteran? Yes No)*

Job Title:	***Date of Employment:***
Please list previous employers through whom you still have a retirement plan:	***Please provide your projected date of retirement:***
Work Address:	***Work Phone Number:***

Please circle your spouse's employment status *(if applicable)*.

Employed by: ________________ *Self Employed* *Not Employed Outside the Home*

Retired *Student* *Military:*________________ *(Is he/she a veteran? Yes No)*

Spouse's Job Title *(if applicable)*:	***Spouse's Date of Employment*** *(if applicable)*:
Please list previous employers through whom your spouse still has a retirement plan *(if applicable)*:	***Please provide your spouse's projected date of retirement*** *(if applicable)*:
Spouse's Work Address:	***Spouse's Work Phone Number:***

Please provide us with your educational history by listing the schools you have attended and degrees which you may have earned:

School: ______________________________ *Degree:* ______________________________
School: ______________________________ *Degree:* ______________________________
School: ______________________________ *Degree:* ______________________________

Please provide us with your spouse's educational history by listing the schools he/she has attended and degrees which he/she may have earned:

School: ______________________________ *Degree:* ______________________________
School: ______________________________ *Degree:* ______________________________
School: ______________________________ *Degree:* ______________________________

Is there anything in your life that you have not listed that may affect your financial future? (i.e. expecting an inheritance, recent health changes, etc)