



INITIAL MEETING QUESTIONNAIRE:

**ORSINGER INVESTMENT GROUP, INC.
41 CLINTON ST., GREENVILLE, PA 16125
724-588-9067**

CLIENT INFORMATION:

1 NAME:

2 ADDRESS:

3 PHONE:

4 D.O.B.:

5 SOCIAL SECURITY NUMBER:

6 EMAIL ADDRESS:

7 DRIVER'S LICENSE #:

ISSUE DATE:

EXPIRATION DATE:

8 MARRIED

ANNIVERSARY DATE:

9 SINGLE

SEPARATED

DIVORCED

WIDOWED

SPOUSAL INFORMATION:

1 NAME:

2 ADDRESS:

3 PHONE:

4 D.O.B.:

5 SOCIAL SECURITY NUMBER:

6 EMAIL ADDRESS:

7 DRIVER'S LICENSE #:

ISSUE DATE:

EXPIRATION DATE:

EMPLOYMENT CLIENT:

1 COMPANY NAME:

2 OCCUPATION:

3 YEARS WITH COMPANY:

4 COMPANY ADDRESS:

5 PHONE:

FAX:

EMPLOYMENT SPOUSE:

1 COMPANY NAME:

2 OCCUPATION:

3 YEARS WITH COMPANY:

4 COMPANY ADDRESS:

5 PHONE:

FAX:

INCOME SOURCES: Please provide most recent pay stubs

- 1 SALARY / BONUS:
- 2 PENSION INCOME:
- 3 SOCIAL SECURITY:
- 4 SELF-EMPLOYMENT INCOME:
- 5 MISC. INCOME: NON-TAX INCOME
- 6 HOW MUCH ARE YOU SAVING EACH MONTH?

LIABILITIES:

- | | | |
|---|-------------------------------------|--------|
| 1 | HOME – RESIDENCE: AMOUNT OWED: | VALUE: |
| 2 | HOME – VACATION/OTHER: AMOUNT OWED: | VALUE: |
| 3 | VEHICLE 1: AMOUNT OWED: | VALUE: |
| 4 | VEHICLE 2: AMOUNT OWED: | VALUE: |
| 5 | CREDIT CARD DEBT: | |
| 6 | UNSECURED DEBT: | |
| 7 | MISC. LIABILITIES: | |

ASSETS: please provide most recent statements

- | | | | |
|---|--------------------|----------|--------|
| 1 | CHECKING ACCOUNT: | BALANCE: | OWNER: |
| 2 | SAVINGS ACCOUNT: | BALANCE: | OWNER: |
| 3 | IRA: | BALANCE: | OWNER: |
| 4 | IRA: | BALANCE: | OWNER: |
| 5 | ROTH IRA: | BALANCE: | OWNER: |
| 6 | ROTH IRA: | BALANCE: | OWNER: |
| 7 | 401 (k) / 403 (b): | BALANCE: | OWNER: |
| 8 | 401 (k) / 403 (b): | BALANCE: | OWNER: |
| 9 | MISC. ASSETS: | BALANCE: | OWNER: |

INSURANCES:

1 LIFE INSURANCE:

2 POLICY #: AMOUNT OF COVERAGE:

3 LIFE INSURANCE:

4 POLICY #: AMOUNT OF COVERAGE:

5 LONG TERM CARE:

6 DISABILITY INCOME:

YOUR EXPECTATIONS FROM THIS MEETING: