



HIGHPOINT

ADVISOR GROUP

CLIENT DATA WORKSHEET

	Primary Account Holder	Secondary Account Holder
Full Name		
Address		
City, State, Zip		
Home Phone		
Mobile Phone		
E-mail Address		
Social Security Number		
Birth Date		
Identification Number and Type		
Issue Date (mm/dd/yyyy)		
Expiration Date (mm/dd/yyyy)		
Job Title (Former if Retired) and Occupation		
Employer Name		
Employer Address		
Employer City, State, Zip		
Employer Phone Number		

Primary Account Holder Beneficiary Information				
Primary Beneficiary Name	Relationship	SSN	Date of Birth	%

Contingent Beneficiary Name	Relationship	SSN	Date of Birth	%

Secondary Account Holder Beneficiary Information				
Primary Beneficiary Name	Relationship	SSN	Date of Birth	%

Contingent Beneficiary Name	Relationship	SSN	Date of Birth	%

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 Investment advice offered through HighPoint Planning Partners,
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