

Avant Huston Financial Group

259 John Knox Rd Tallahassee, FL 32303
Office: 850-385-0259 | Fax: 850-792-5010



INFORMATION QUESTIONNAIRE: Please type in all answers below and email back to SusanKerr@FinancialGuide.com, which is a secure email

1.	Full Name:	
2.	Date of Birth:	
3.	Home Address (and mailing address if you use P.O. Box):	
4.	Children and Grandchildren	
5.	Annual Income: _____ <input type="checkbox"/> Salary _____ <input type="checkbox"/> Bonus _____ <input type="checkbox"/> Commissions _____ <input type="checkbox"/> Other (and what is it): _____	
6.	In what State or Country were you born (if other than USA, please also provide state/province):	
7.	Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, please list Country of Citizenship):	
8.	Email address (Specify personal or work and if we can send sensitive information securely to you here. If not, please list email address that we can): <input type="checkbox"/> Personal <input type="checkbox"/> Work Email: _____	
9.	Phone Number (Specify Cell, Home or Work): <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone Number: _____	
10.	Name of Employer, Your Specific Job Title:	
11.	Employer address:	
12.	How many years employed at current location (If less than 3 years, what were you doing immediately prior):	
13.	Do you have current plans to travel outside of the US in the next 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, when, where, for how many days per trip, and is it business or personal travel):	

14.	In the last 3 years, do you have any traffic violations other than a parking ticket? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what kind, when (can be month or season and year), and was an accident involved?																																								
15.	In the next 2 years, are you involved currently, or do you plan to join the military, military reserve or National Guard (active or inactive) or have a written agreement to join?																																								
16.	In the last 3 years or next 2 years, do you plan to pilot a plane or become a student pilot or crew member of any aircraft?																																								
17.	In the last 3 years or next 2 years plan to partake in underwater diving, hang gliding, parasailing, para kiting, parachuting, skydiving, ultralight, soaring, ballooning, bungee jumping, rock or mountain climb, helicopter skiing, or organized racing by automobile, motorcycle, motorboat or snowmobile?																																								
18.	Do you use any type of nicotine product(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of product, date of last use and frequency: _____																																								
19.	What is your primary physician's name, address and phone number and when was your last visit and why?																																								
20.	Please List Beneficiary(ies) (Include their full name, date of birth, address, email and phone number). Also list the percentage you would like each to get, if multiple people:																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Beneficiary(ies) Full Name</th> <th style="width: 15%;">Relationship</th> <th style="width: 15%;">Date of Birth (mm/dd/yyyy)</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Email</th> <th style="width: 10%;">Phone Number</th> <th style="width: 5%;">%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Beneficiary(ies) Full Name	Relationship	Date of Birth (mm/dd/yyyy)	Address	Email	Phone Number	%																												
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