

INITIAL INQUIRY AND CONFERENCE FORM

Please complete this form and return to Rinehart Wealth Management before your initial meeting.

Full Name _____ **Spouse Full Name** _____

Date of Birth _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

E-mail Address _____ E-mail Address _____

Preferred Method of Communication _____

Children & Ages _____

Employer(s) & Occupation(s) _____

- Briefly explain your primary financial and lifestyle goals:

- How do you think Rinehart Wealth Management can help you achieve these goals?

- Do you have any specific financial issues or concerns?

- Please list your investable assets: (cash, brokerage acct, IRA, Roth IRA, 401(k), SEP, annuities)

Type of Account	Financial Institution	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Are you the beneficiary of a trust? Yes _____ No _____

- How did you hear about Rinehart Wealth Management? _____