



**CLIENT INFORMATION SHEET – NON CORPORATE**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Other Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date Business Commenced: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Business Code: \_\_\_\_\_  
 Employer I.D. #: \_\_\_\_\_ Nature Of Business: \_\_\_\_\_

Partners / Sole Proprietors	% Of Ownership

Bookkeeping	
Name	
Phone	
Email	

Bookkeeping	
Name	
Phone	
Email	

Name	
Phone	
Email	

Accountant	
Name	
Company	
Address	
City, State, Zip	
Phone	
Fax	
Email	

Financial Advisor	
Name	
Company	
Address	
City, State, Zip	
Phone	
Fax	
Email	

Attorney	
Name	
Company	
Address	
City, State, Zip	
Phone	
Fax	
Email	

Custodian	
Name	
Company	
Address	
City, State, Zip	
Phone	
Fax	
Email	

Name	
Company	
Address	
City, State, Zip	
Phone	
Fax	
Email	

Name	
Company	
Address	
City, State, Zip	
Phone	
Fax	
Email	

Plan Name: \_\_\_\_\_  
 2<sup>nd</sup> Plan (If Applicable): \_\_\_\_\_  
 3<sup>rd</sup> Plan (If Applicable): \_\_\_\_\_

PYE: \_\_\_\_\_ Plan Type: \_\_\_\_\_  
 PYE: \_\_\_\_\_ Plan Type: \_\_\_\_\_  
 PYE: \_\_\_\_\_ Plan Type: \_\_\_\_\_

Trustees	Plan Committee Members

Trust I.D. #: \_\_\_\_\_  
 2<sup>nd</sup> Trust I.D. # (If Applicable): \_\_\_\_\_  
 State I.D. #: \_\_\_\_\_

**Notes:**

Actuary \_\_\_\_\_

Last Updated