



MAVERICK
WEALTH MANAGEMENT

CLIENT CONFIDENTIAL QUESTIONNAIRE

PERSONAL INFORMATION

First Name _____

Last Name _____

Social Security Number _____

Date of Birth _____

Drivers Licence Number _____

DL Issue Date / Expiration Date _____

Marital Status _____

Physical Address _____

Physical Address (line two) _____

City, State, Zip _____

Mailing Address (if different from physical address) _____

City, State, Zip _____

Home Phone Number _____

Mobile Phone Number _____

Email Address _____

Total Dependents _____

Federal Tax Bracket _____

State Tax Bracket _____

Individual Annual Income _____

Individual Net Worth _____

Individual Liquid Net Worth _____

SPOUSE INFORMATION

First Name _____

Last Name _____

Social Security Number _____

Date of Birth _____

Drivers Licence Number _____

DL Issue Date / Expiration Date _____

Marital Status _____

Physical Address _____

Physical Address (line two) _____

City, State, Zip _____

Mailing Address (if different from physical address) _____

City, State, Zip _____

Home Phone Number _____

Mobile Phone Number _____

Email Address _____

Total Dependents _____

Federal Tax Bracket _____

State Tax Bracket _____

Individual Annual Income _____

Individual Net Worth _____

Individual Liquid Net Worth _____

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local phone / 817-945-3335 **toll free** / 844-208-6913 **fax** / 817-945-3336 **email** / info@maverickwm.org **web** / maverick-wealth.org

255 Elk Drive, Suite D, Burleson, TX 76028

Financial planning offered through Maverick Wealth Management, LLC, a Registered Investment Advisor and a separate entity from LPL Financial.



MAVERICK
WEALTH MANAGEMENT

EMPLOYMENT INFORMATION

PERSONAL INFORMATION

Employment Status _____

Employer / Retired Employer _____

Occupation / Self Employed _____

Business Address _____

City, State, Zip _____

Work Phone Number _____

PERSONAL INFORMATION

Employment Status _____

Employer / Retired Employer _____

Occupation / Self Employed _____

Business Address _____

City, State, Zip _____

Work Phone Number _____

MINOR CHILDREN OR OTHER DEPENDENTS

Name _____

Birthday _____

Social Security Number _____

Name _____

Birthday _____

Social Security Number _____

Name _____

Birthday _____

Social Security Number _____

Name _____

Birthday _____

Social Security Number _____

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