Parish & Company LLC

Client Information Summary

Name **Date of Birth**

______________________________ ______________

______________________________ ______________

______________________________ ______________

______________________________ ______________

______________________________ ______________

Please include children's and spouses information, if applicable. Also include information of any non-family member you wish to designate as an IRA beneficiary.

Name of Account Holder (1) : ______________________________

Home Street Address ______________________________

City ______________ State ______________ Zip ______________

Home Phone ______________ Home Fax ______________ Email ______________

Driver's License # ______________ Expiration: ______________ State ______________

Employer Name and Occupation ______________________ Years _____

Employer Street Address ______________________________

City ______________ State ______________ Zip ______________

Work Phone ______________ Work Fax ______________ Email ______________

401k/403B Investment Firm ______________ Balance in Plan ______________

Name of Account Holder (2) : ___________________________________

Home Street Address ____

City ____________________ State _________________ Zip ________________

Home Phone ____________ Home Fax ____________ Email _________________

Driver's License # ____________ Expiration: _____________ State ____________

Employer Name and Occupation _____________________________ Years ____

Employer Street Address ____

City ____________________ State _________________ Zip ________________

Work Phone ____________ Work Fax ____________ Email _________________

401k/403B Investment Firm ___________________ Balance in Plan ______________

Other Key Advisors:

Accountant ____________ Firm Name _______________ Email _______________

Attorney ______________ Firm Name _______________ Email _______________

Do You Have a Will/Trust Prepared? __________

Bank / Credit Union (Checking and Savings) ________________________________

Cash Reserve Amount on Hand (Savings for Unexpected Needs) ______________

Current Investment Accounts Maintained at the Following Firms:

(Please also provide recent statement copy for each account)

Firm ________________ Advisor Name _________________ Amount ___________

Firm ________________ Advisor Name _________________ Amount ___________

Firm ________________ Advisor Name _________________ Amount ___________

Firm ________________ Advisor Name _________________ Amount ___________

Summary of Income and Investments:

Total Net Worth ______________________ Liquid Net Worth _______________________

Annual Income _______________________ Annual Savings ________________________

Approximate Value of Home ________________ Loans Outstanding ___________________

Other Real Estate Mkt Value _______________ Loans Outstanding ___________________

Other Investments Including Partnerships, etc. ______________________________

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____

Retirement Goals:

Planned Retirement Date ___________________

Expected Annual Income Necessary if You Retired Now (Today) _______________________

Overall Financial Goals:

____

____

____

Note: Please do not email this information but rather fax to 503-747-2495 or send via traditional mail.

Parish & Company
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Lake Oswego, Oregon 97035
Tel: 503-643-6999 Fax: 503-747-2495