

# Grace Financial Services

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CA Insurance license No. 0623165

## Personal Inventory Sheet

Date: \_\_\_\_\_

### Personal Data

Your Name:	Sex:	Birthdate:	Social Security:
Spouse Name:	Sex:	Birthdate:	Social Security:
Address: _____ City, State, Zip	Home Telephone: _____		E-Mail Address: _____

### Dependents

Name:	Sex:	Birthdate:	Social Security:
Name:	Sex:	Birthdate:	Social Security:
Name:	Sex:	Birthdate:	Social Security:

### Employment

Occupation:	Occupation:
Employer Name:	Employer Name:
Address: _____ City, State, Zip	Address: _____ City, State, Zip
Telephone:	Telephone:
Type of Business	Type of Business
Date Employment Began	Date Employment Began

### Advisors

	Name	Address	City, State, Zip	Telephone
Accountant				
Attorney				
Insurance Agent				

### Planning Considerations

- What is your Financial Objectives? \_\_\_Income Now \_\_\_Income at Retirement \_\_\_Income Tax Deferral/Reduction \_\_\_Liquidity  
\_\_\_Freedom from Management \_\_\_Safety of Principal \_\_\_Asset Growth \_\_\_Other
- Do you consider yourself a \_\_\_Conservative, \_\_\_Moderate, or \_\_\_Liberal Investor? (Check one)
- Are any of your investments earmarked for future use? \_\_\_No \_\_\_Yes (If yes, please explain below)
- Do you feel that your investments and savings are keeping pace with inflation? \_\_\_No \_\_\_Yes
- Have you or your spouse ever been rated or restricted for life or disability insurance? \_\_\_No \_\_\_Yes
- Does any member of your family currently have health or a history of health problems? \_\_\_No \_\_\_Yes
- Do you have a will? \_\_\_No \_\_\_Yes (if yes, date of will: \_\_\_\_\_)

**Please provide any additional information, if necessary.**


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