

CLIENT PROFILE FORM

At Mirau Capital Management we are constantly updating our information with anything new that is happening with you. This allows us to better serve you while, improving our relationship with you as well.

Date:					
CLIENT NAME:					
SPOUSE'S NAME:					
Physical Address: Street:					
	State:				
Mailing Address: (if different):					
City:	State:	Zip:			
Email Address: (1):					
(2):					
Residence phone:					
Cell phone:	Spouse's cell phone	::			
Place of work:	Business phone:				
Spouse place of work:	Business ph	none:			
Retired?: Y N Retire	d from	When?			
Spouse retired?: Y N Spouse	e Retired from	When?			
If not yet retired, retirement date?:	Spouse:				
DOB	_Spouse's DOB				
Wedding anniversary:					
How often would you prefer to me	et with Brian about your	personal financial situation?			
a. Quarterly b. Annually	c. Semi-annually	y d. Each annual review			
Do you have an accountant? Y	N Do you have an a	ttorney? Y N			
Name	Name				

FUN STUFF!

1. Hov	w did you meet	your spouse/pa	artner?			
	. Do you have children? Y N How many?					
		?		?		
	•	•	•	love to collect	?	
	ne two things or	•				
	e you a fan of ar					
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	ıld you consider					
	•	•	oodie	c Adver	nturer	
		•			ed?	
	·				Served?	
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	•				hite?	
•	•	•				
			-			
16. Wh	at do you like to	o read?				
17. Whi	ich of the below	topics interes	t you?:			
Coo	oking	Entertainme	ent He	ome	News	
Tra	ivel	Décor	Fitnes	s/Health	Finance/Investing	
18. * Wł	hat are your hob	obies?				
1		2	3			
*Spo	ouse's hobbies?	1	2	3.		
9. Do y	ou have pets? Y	Y N				
What	kind	Nar	nes			

Thank You

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