

Zion Financial Planning, LLC



Information for Your Best Interests and Long-Term Benefits for Implementing Comprehensive Financial Plan. Date:

Name 1: _____ Name 2: _____
DOB 1: _____ Citizenship 1: _____ DOB 2: _____ Citizenship 2: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone 1: _____ Phone 2: _____
E-Mail 1: _____ E-Mail 2: _____
Occupation 1: _____ Occupation 2: _____
Company 1: _____ Company 2: _____
Best Time to Call, Day: M T W Th F Sat; Time: _____ AM or _____ PM

What would you like to discuss? *Please check all that apply:*

Managing My Cash Flow: Income, Debt, Taxes
Managing My Taxes: Filing and Optimization
Managing My Risk Management/Insurance
Planning My Estate, Legacy, Wealth Transfer
Comprehensive Financial Planning

Planning My Retirement Income / IRA Rollover
Exploring *Income Oriented Investments*
Planning My Wealth Accumulation
Maximizing My Social Security Income
Other Financial Concerns:

Note: Red Bordered Boxes are required fields. If you are interested in engagement, please print this PDF file and send it as an attachment to 416 167th Ave NE, Bellevue, WA 98008