

# Zion Financial Planning, LLC



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## Please Fill out Info. for Your Best Interests and Long-Term Benefits for Comprehensive Financial Planning. Date:

1. Name of Client:	_____	Phone: _____
	First, Middle, Last Name	Email: _____
2. Name of Joint Client:	_____	Phone: _____
	First, Middle, Last Name	Email: _____
3. DOB of Client:	_____	
4. Citizenship:	US PR Other	Client Note: .....
5. DOB of Joint Client:	_____	.....
6. Citizenship:	US PR Other	.....



Best Time to Call, Day: M T W Th F Sat; Time: \_\_\_\_\_AM or \_\_\_\_\_PM

What topics would you like to discuss further? *Please check below for 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:

Planning Note: .....  
.....

After filling out this form, please share it to [wen@zionfp.com](mailto:wen@zionfp.com)