

# CLIENT INTEREST INVENTORY



Advanced  
Wealth  
Strategies<sup>INC</sup>

DEVELOP • DESIGN • DEFEND

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

Wedding Anniversary: \_\_\_\_\_ Future Wedding Date: \_\_\_\_\_

## PERSONAL PREFERENCES

## CLIENT

## SPOUSE/PARTNER

Favorite Beverage in our office:	_____	_____
Favorite wine/beer/spirit:	_____	_____
Favorite restaurant/cuisine:	_____	_____
Favorite snacks/candy:	_____	_____
Favorite authors/books:	_____	_____
Favorite type of music:	_____	_____
Favorite sports teams:	_____	_____
Favorite plant/flowers:	_____	_____
Collections(s):	_____	_____

## HOBBIES/INTERESTS

<input type="checkbox"/> Art	<input type="checkbox"/> Crafts/Scrapbooking	<input type="checkbox"/> Movies	<input type="checkbox"/> Theater
<input type="checkbox"/> Animals/Pets	<input type="checkbox"/> Dance	<input type="checkbox"/> Music	<input type="checkbox"/> Traveling
<input type="checkbox"/> Bee Keeping	<input type="checkbox"/> Gardening	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Cooking	<input type="checkbox"/> Golf	<input type="checkbox"/> Spa Treatments	<input type="checkbox"/> Wine
<input type="checkbox"/> Craft Beer	<input type="checkbox"/> Hunting	<input type="checkbox"/> Sports	<input type="checkbox"/> Yoga

Other Hobbies/Interests: \_\_\_\_\_

What organizations/associations are you members of? \_\_\_\_\_

What charitable organizations or local businesses do you support? \_\_\_\_\_

## FINANCIAL TOPICS OF INTEREST

<input type="checkbox"/> Market/Economic Updates	<input type="checkbox"/> Education Planning	<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Legacy Planning	<input type="checkbox"/> Long Term Care Planning
<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Cyber Security	<input type="checkbox"/> Financial Education for Kids