

# AIG Retirement

## University of Nevada School of Medicine PRELIMINARY INFORMATION FORM

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Sex:  Male  Female Married:  Yes  No Birthdate: \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

### 2. EMPLOYMENT INFORMATION

#### Department:

(Check One) Dental ER Family Prac Internal Med OB/GYN Peds Psych Surgery

Year of Residency: (Check One) I II III IV V VI

### 3. BENEFICIARY

#### Primary Beneficiary

Name	Relationship	Date of Birth	%
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Name	Relationship	Date of Birth	%
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#### Contingent Beneficiary

Name	Relationship	Date of Birth	%
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Name	Relationship	Date of Birth	%
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### 4. INVESTOR PROFILE

Have you previously purchased mutual funds or other securities?  Yes  No If yes, number of years: \_\_\_\_\_

Investment Objective (check one):  Safety of Principal  Long-Term Growth  Income

#### Risk Profile:

Aggressive  Higher Risk  Moderately Aggressive  Moderate  Moderately Conservative  Conservative  Cautious

#### Financial Situation:

Annual Household Income  Under \$50,000  \$50,000 - \$100,000  Over \$100,000 list amount \$ \_\_\_\_\_

Net Worth (excluding value of primary residence)  Under \$50,000  \$50,000 - \$100,000  Over \$100,000 list amount \$ \_\_\_\_\_

Life Insurance  Under \$50,000  \$50,000 - \$100,000  Over \$100,000 list amount \$ \_\_\_\_\_

Tax Bracket \_\_\_\_\_ % Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_