

Required
ACCOUNT OPENING
Information



Dominic M. Lucente, CFP[®], RFC[®]

CERTIFIED FINANCIAL PLANNER[™] PRACTITIONER

425 Hooksett Road · Manchester, NH 03104

Phone: (603) 645-8131 · Fax: (603) 645-8132

E-Mail: dlucente@northeastplanning.com · Web: www.dlucente.com

23-483 Financial planning offered through Northeast Planning Associates, Inc. (NPA), a registered investment adviser (RIA). Securities and advisory services offered through LPL Financial (LPL), an RIA and broker-dealer (BD), member FINRA/SIPC. Credit union is not an RIA or BD. Insurance products offered through LPL or its licensed affiliates. LPL registered representatives offer products and services using NPA. These products and services offered through NPA, LPL, or its affiliates, which are separate entities from, and not affiliates of the credit union, are:



Required Account Opening Information

Thank you for taking the time to complete this form as comprehensively and accurately as possible. The information you provide will assist us when you open a new account or transfer your existing accounts, allow us to evaluate your current financial situation, and make appropriate recommendations to help you work towards your goals. If you have any questions while completing this form, please feel free to contact us at (603) 645-8131. *If this form is incomplete at the time of your appointment, one of my assistants, Marie or Valerie, will be contacting you within two business days to collect this information.* **For security purposes, please DO NOT e-mail your completed form. Mail or fax this form to the address listed on the front cover.**

In addition to the form information, below is a list of the types of documentation and information that we will need to assist us in the opening of your accounts. Any additional information you may have would also be appreciated.

- Copies of all wills and trusts, if applicable
- Most recent statement of bank accounts and values
- Most recent statement of stocks, bonds, and all current investment accounts
- List of insurance policies and annuities
- List of property, liabilities on the property, estimated market value, as well as percentage of ownership

PRIMARY ACCOUNT HOLDER	
<i>First Name</i>	
<i>Middle Name</i>	
<i>Last Name</i>	
<i>Aliases/One and the Same</i>	
<i>Date of Birth</i>	
<i>Citizenship/Legal Establishment</i>	
<i>Social Security Number</i>	

SPOUSE/PARTNER	
<i>First Name</i>	
<i>Middle Name</i>	
<i>Last Name</i>	
<i>Aliases/One and the Same</i>	
<i>Date of Birth</i>	
<i>Citizenship/Legal Establishment</i>	
<i>Social Security Number</i>	

LEGAL ADDRESS

<i>Country</i>					
<i>Address Line 1</i>					
<i>Address Line 2</i>					
<i>City</i>		<i>State</i>		<i>Zip</i>	
<i>Years at this address?</i>	<input type="checkbox"/> More than 2 years <input type="checkbox"/> Less than 2 years				
<i>Email Address</i>					
<i>Phone 1</i>		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Primary?
<i>Phone 2</i>		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Primary?

MAILING ADDRESS (IF DIFFERENT)

<i>Country</i>					
<i>Address Line 1</i>					
<i>Address Line 2</i>					
<i>City</i>					
<i>State</i>					
<i>Zip</i>					
<i>Years at this address?</i>	<input type="checkbox"/> More than 2 years <input type="checkbox"/> Less than 2 years				

DRIVER'S LICENSE

<i>State where Issued</i>		<i>ID Number</i>	
<i>Issuance Date</i>		<i>Expiration Date</i>	

SPOUSE/PARTNER DRIVER'S LICENSE

<i>State where Issued</i>		<i>ID Number</i>	
<i>Issuance Date</i>		<i>Expiration Date</i>	

EMPLOYMENT INFORMATION

<i>Employment Status</i>	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		
<i>Industry</i>			
<i>Occupation</i>			
<i>Employer Name</i>			
<i>Country</i>			
<i>Employer Address</i>			

SPOUSE/PARTNER EMPLOYMENT INFORMATION

<i>Employment Status</i>	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		
<i>Industry</i>			
<i>Occupation</i>			
<i>Employer Name</i>			
<i>Country</i>			
<i>Employer Address</i>			

TRUSTED CONTACT

<i>Name</i>			
<i>Relationship</i>			
<i>Address Line 1</i>			
<i>Address Line 2</i>			
<i>City</i>			
<i>State</i>		<i>Zip</i>	
<i>Phone</i>			
<i>Email</i>			

BENEFICIARY/TOD

<i>Name</i>						
<i>Relationship</i>						
<i>Address Line 1</i>						
<i>Address Line 2</i>						
<i>City</i>		<i>State</i>		<i>Zip</i>		
<i>Phone</i>						
<i>Email</i>						
<i>Date of Birth</i>		<i>SSN</i>				
	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<i>Percentage %</i>			

BENEFICIARY/TOD

<i>Name</i>						
<i>Relationship</i>						
<i>Address Line 1</i>						
<i>Address Line 2</i>						
<i>City</i>		<i>State</i>		<i>Zip</i>		
<i>Phone</i>						
<i>Email</i>						
<i>Date of Birth</i>		<i>SSN</i>				
	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<i>Percentage %</i>			

BENEFICIARY/TOD

<i>Name</i>						
<i>Relationship</i>						
<i>Address Line 1</i>						
<i>Address Line 2</i>						
<i>City</i>		<i>State</i>		<i>Zip</i>		
<i>Phone</i>						
<i>Email</i>						
<i>Date of Birth</i>		<i>SSN</i>				
	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<i>Percentage %</i>			

BENEFICIARY/TOD

<i>Name</i>						
<i>Relationship</i>						
<i>Address Line 1</i>						
<i>Address Line 2</i>						
<i>City</i>		<i>State</i>		<i>Zip</i>		
<i>Phone</i>						
<i>Email</i>						
<i>Date of Birth</i>			<i>SSN</i>			
	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<i>Percentage %</i>			

BENEFICIARY/TOD

<i>Name</i>						
<i>Relationship</i>						
<i>Address Line 1</i>						
<i>Address Line 2</i>						
<i>City</i>		<i>State</i>		<i>Zip</i>		
<i>Phone</i>						
<i>Email</i>						
<i>Date of Birth</i>			<i>SSN</i>			
	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<i>Percentage %</i>			

ADDITIONAL BENEFICIARY/TOD INFORMATION

FINANCIAL INFORMATION

<i>Annual Income</i>	<input type="checkbox"/> \$1 - \$24,999	<input type="checkbox"/> \$250,000 - \$499,999
	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$500,000 - \$749,999
	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$750,000 - \$999,999
	<input type="checkbox"/> \$100,000 - \$249,999	<input type="checkbox"/> \$1 Million +
<i>Net Worth</i>	<input type="checkbox"/> \$1 - \$24,999	<input type="checkbox"/> \$250,000 - \$499,999
	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$500,000 - \$749,999
	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$750,000 - \$999,999
	<input type="checkbox"/> \$100,000 - \$249,999	<input type="checkbox"/> \$1 Million +
<i>Liquid Net Worth</i>	<input type="checkbox"/> \$1 - \$24,999	<input type="checkbox"/> \$250,000 - \$499,999
	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$500,000 - \$749,999
	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$750,000 - \$999,999
	<input type="checkbox"/> \$100,000 - \$249,999	<input type="checkbox"/> \$1 Million +
<i>Approximate Account Value</i>	<input type="checkbox"/> \$1 - \$24,999	<input type="checkbox"/> \$250,000 - \$499,999
	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$500,000 - \$749,999
	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$750,000 - \$999,999
	<input type="checkbox"/> \$100,000 - \$249,999	<input type="checkbox"/> \$1 Million +
<i>Source of Wealth and Income</i>	<input type="checkbox"/> Employment Income	<input type="checkbox"/> Sale of Home/Business
	<input type="checkbox"/> Retirement Assets	<input type="checkbox"/> Gift
	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Other
<i>Investment Horizon</i>	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 5-10 years
	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 10 years +
<i>Liquidity Needed?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INVESTMENT EXPERIENCE	
Investment:	Years Owned:
Annuities	
Mutual Funds	
Partnerships	
Stocks	
Bonds	
Options	
Other	
Investment:	Dollar Amount:
Cash & Savings	
Annuities	
Mutual Funds	
Partnerships	
Stocks	
Bonds	
Options	
Other	

ACH/BANKING INFORMATION	
<i>Name(s) as they appear on the account</i>	
<i>Bank Name</i>	
<i>Routing #</i>	
<i>Checking Account #</i>	

For security purposes, please DO NOT e-mail your completed form.

Please mail or fax your form to:

Dominic M. Lucente, CFP®, RFC®

CERTIFIED FINANCIAL PLANNER™ practitioner

Northeast Planning Associates, Inc.

425 Hooksett Road · Manchester, NH 03104 · Phone: (603) 645-8131 · Fax: (603) 645-8132