Clear Form

CLIENT PROFILE FORM

Rep ID:
Household:
Forms delivered via:

PERSONAL INFORMATION	ACCOUNT HOLDER 1	ACCOUNT HOLDER 2
First Name		
Middle Name		
Last Name		
Aliases (Ex: James, Jim)		
Gender		
Marital Status		
Date of Birth		
SSN		
Legal Address Line 1		
Legal Address Line 2		
Legal City		
Legal State		
Legal Zip		
Mailing Address same as Legal?		
Mailing Address Line 1		
Mailing Address Line 2		
Mailing City		
Mailing State		
Mailing Zip		
Home Phone		
Mobile Phone		
Work Phone		
Email Address		
Trusted Contact (optional)		

Are the addresses for Account Holder 2 the same as Account Holder 1?

**Trusted Contact requires relationship to the owner and one of the following – phone number, email or address

ADDITIONAL INFORMATION	ACCOUNT HOLDER 1	ACCOUNT HOLDER 2
Employment Status		
Employment Industry		
Occupation		
Employer Name		
Employer Address (optional)		

**If retired, no additional information required

	BUSINESS / ENTITY / TRUST 1	BUSINESS / ENTITY / TRUST 2
Business/Entity/Trust Name		
Business/Entity/Trust SSN/TIN		
Trust Under SSN or TIN?		
Revocable or Irrevocable		
Est by Agreement or Will?		
Date Trust Established		
State of Formation		
Mailing Address (if different)		

	MINOR INFORMATION 1	MINOR INFORMATION 2
First Name		
Middle Name		
Last Name		
Aliases (Ex: James, Jim)		
Gender		
Date of Birth		
SSN		
List address if different?		

FINANCIAL INFORMATION & SUITABILITY

Indicate the client's experience (# of years) in the following asset class:

Annuities	Mutual Funds	Partnerships	Margin
Stocks	**Bonds**	**Options**	**Other (must describe asset)**

Indicate the percentage of net worth in each asset class:

Checking/Savings	Mutual Funds	Equities/Stocks	Bonds	Insurance
Annuities	**Real Estate**	**Alternative Investments**	**Other (must describe asset)**	

Client Suitability

Annual Income	Net Worth	Liquid Net Worth	Tax Bracket

What is your investment time horizon for this account?	
If you have liquidity needs from the funds in this account, which account type will it be, approximate dollar amount, and when do you need these funds?	
Source of Funds	

CLIENT PROFILE FORM

LIST THE DESIRED BENEFICIARIES FOR ACCOUNT HOLDER 1

Beneficiary 1							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary / Contingent	Percentage
Beneficiary 2							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary / Contingent	Percentage
Beneficiary 3							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary / Contingent	Percentage
Beneficiary 4							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary / Contingent	Percentage

**DOB and SSN are optional for beneficiaries

Check here to auto-fill the beneficiaries for Account Holder 2 with the same information as Account Holder 1 __

LIST THE DESIRED BENEFICIARIES FOR ACCOUNT HOLDER 2

Beneficiary 1							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary / Contingent	Percentage
Beneficiary 2							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary / Contingent	Percentage
Beneficiary 3							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary / Contingent	Percentage
Beneficiary 4							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary / Contingent	Percentage

**DOB and SSN are optional for beneficiaries

Move Money Instructions 1										
Bank Name	Bank Account Name	Bank Routing Number	Bank Account Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax Withholding Federal	State	Duplicate On Demand Instructions?
										__
Move Money Instructions 2										
Bank Name	Bank Account Name	Bank Routing Number	Bank Account Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax Withholding Federal	State	Duplicate On Demand Instructions?
										__
Move Money Instructions 3										
Bank Name	Bank Account Name	Bank Routing Number	Bank Account Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax Withholding Federal	State	Duplicate On Demand Instructions?
										__

**Not available in OMP, MWP and PWP: Weekly, biweekly, bimonthly, semimonthly, monthly (last day of the month) frequencies

ACCOUNT OPENING WORKSHEET

	Account 1	Account 2	Account 3	Account 4	Account 5	Account 6	Account 7
Account Registration							
Registration Type							
Program Type							
Prior Account Number							
Investment Objective							
Advisory Fee**							

***Please note that any applicable LPL program or service fees will be deducted from the above advisory fee*

***Please note that any applicable manager fees will be added in addition to the above advisory fee, creating a higher total fee to the client*

Manager (if applicable)							
Strategy (if applicable)							
Discretion							
Account Value							
Primary Account Holder							
Secondary Account Holder							
Move Money							

Additional Features

Feature	Yes or No	Which Account(s)
Account View		__ All __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7
Margin		__ All __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7
Options		__ All __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7
Structured Products		__ All __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7
Paperless Prospectus and Statements		__ All __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7
Checkwriting? Premier or Premier Plus		__ All __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7

Notes

Disclaimer

LPL expects each Representative and entity transitioning to LPL to abide by their contractual obligations, as well as any and all applicable privacy policies and other legal/regulatory requirements. LPL does not provide legal advice regarding these obligations or any limitations under privacy laws. LPL strongly recommends that all Representatives and entities transitioning to LPL consult with legal counsel regarding their legal obligations and requirements under applicable laws, regulations, contractual agreements and privacy notices/policies.

By your use of this client profile form, you agree that you will not share any customer information pertaining to clients who have opted-out of sharing their information or other client data that may violate the privacy notice/policy of your departing firm, any contractual obligations with your departing firm, or federal and state laws and regulations governing client privacy and client consent.