

Client Information Profile

Primary account owner

First, Middle, Last Name

Home Phone Business Phone Cell Phone

Fax Number Email Address

Date of Birth Social Security Number/TIN#

Occupation, Employer, Position & Years *(if retired, please provide name of former position)*

Marital Status: Single Married Widowed

Education Level & Alma Mater # of dependents (if any)

Mailing address

Street Address

City / State / Zip

Joint account owner

First, Middle, Last Name

Home Phone Business Phone Cell Phone

Fax Number Email Address

Date of Birth Social Security Number/TIN#

Occupation, Employer, Position & Years *(if retired, please provide name of former position)*

Marital Status: Single Married Widowed

Education Level & Alma Mater # of dependents (if any)

Legal address *(if different from mailing address)*

Street Address

City / State / Zip

Owner information details

Rule 144: Are you or a member of your immediate family a director, policy-making officer or 10% stockholder in any publicly traded company? Yes No If yes, indicate ticker symbol, Cusip or company name _____ Are you or a member of your immediate family associated with another FINRA member firm? Yes No
Are you a politically exposed person or a relative of a politically exposed person? Yes No

Associated person information *(if applicable)*

This information will need to be provided for each person associated with your accounts (i.e., POAs, Trustees, Corporate Officers, etc.)

Name or Entity Title SSN or Tax ID Date of Birth Home Phone

Street Address (cannot be a P.O. Box) City State Zip Email address

Employer *(if retired, please provide name of former employer)* Occupation Number of Years Business Phone

Children *Complete this information if you have custodian accounts, 529 Plans or Education IRAs.*

If you have additional children, please include a separate sheet.

If 529/custodial account, successor custodian or owner (if applicable):

Name SSN# Date of Birth

Name SSN# Date of Birth

Duplicate 529 statement to parent? Yes No

Financial information *(select the corresponding letter from the chart below)*

Household annual income _____ Liquid assets _____ Total net worth (excluding residence) _____

A. 0 – \$24,999 B. \$25,000 – \$49,999 C. \$50,000 – \$99,999 D. \$100,000 – \$249,999 E. \$250,000 – \$499,999
F. \$500,000 – \$749,999 G. \$750,000 – \$999,999 H. \$1,000,000 and over

Tax bracket *Please select the corresponding letter from the chart and check the box that most closely matches your current tax bracket.*

10% 12% 22% 24% 32% 35% 37% Other

Percent of Net Worth *in the following categories (must total 100%)* Checking/Savings _____ Mutual Funds _____

Equities/Stock _____ Bonds _____ Real Estate _____ Insurance _____ Annuities _____ Alt. Invest. _____

Investment experience of primary account owner *(indicate number of years)*

Stocks _____ Bonds _____ Options _____ Annuities/Life Insurance _____ UITs _____ Mutual funds _____

Source of wealth and income:
Employment Income Gift
Employment Income Inheritance
Investment Income Other
Sale of Home or Business

Account characteristics

Risk tolerance

Income with Capital Preservation
Income with Moderate Growth
Growth with Income
Growth
Aggressive Growth

Features

Direct Deposit/Bill Pay Check writing
Debit card - Maiden Name:
Mail dividends/interest
On-line account access Reinvest stock dividends
IRA distributions/contributions

Communication

Preferred method of communication

Mobile Phone
Home Email
Work Email

Trust account information *(if applicable)*

Title of the trust assets (state how assets should be titled) _____

Date of trust: _____ Amendment date: (if applicable) _____

Grantor(s) name: _____

Successor trustee(s) (if applicable): _____

Is the trust revocable? Yes No *(if applicable, name of person with authority to revoke)* _____

Has the trust been modified or revoked so as to render the certification inaccurate? Yes No

Is the trust governed by U.S. law? Yes No If so, what state? _____

Trusts created in the following states will require notary signature on Trustee Certification of Investment Powers: CA, DE, ID, IA, KS, MI, NE, NV, OK, TN or TX

Retirement account beneficiary information *Complete these fields only if you have retirement accounts (traditional IRA, Roth IRA Education IRA, SEP, SIMPLE). If you have additional primary or contingent beneficiaries, please include a separate sheet.*

Primary Beneficiary SSN# Date of Birth %

Per Stirpes? Yes No

If yes, designation? (i.e. Pers Rep, Executor)

Name of personal rep or executor, if know:

Contingent Beneficiary SSN# Date of Birth %

Community property states: AZ, CA, ID, LA, NV, NM, TX, WA, WI

Direct Deposit Program

Name of Bank: _____

Name on Account: _____

ABA Routing#: _____

Acct#: _____

Periodic deposits/withdrawals to/from bank **Amount \$** _____

Tax withholding

Federal _____%

State _____%

Trusted Contact for Emergencies

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

E-mail: _____