

CLIENT PROFILE

ACCOUNT HOLDER INFORMATION

First Name MI Last Name US Citizen? Yes No
Address City State Zip Code
SSN Date of Birth Gender: M F Married: Yes No
Email Address Cell # Home #
Employment Status Employed Unemployed Retired (if retired, list former occupation)
Occupation Industry Employer Ph #

JOINT OWNER/SPOUSE INFORMATION

First Name MI Last Name US Citizen? Yes No
Address City State Zip Code
SSN Date of Birth Gender: M F Married: Yes No
Email Address Cell # Home #
Employment Status Employed Unemployed Retired (if retired, list former occupation)
Occupation Industry Employer Ph #

STUDENT/MINOR (REQUIRED FOR 529, UTMA/UGMA ACCOUNTS)

Name Relationship SSN DOB

BENEFICIARIES

PRIMARY:

Name Relationship SSN DOB %
Per Stirpes? Yes No
Name Relationship SSN DOB %
Per Stirpes? Yes No

CONTINGENT:

Name Relationship SSN DOB %
Per Stirpes? Yes No
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Per Stirpes? Yes No

Per Stirpes - If your child predeceases you, their portion would go to their children rather than being split evenly between your remaining beneficiaries.

TRUSTED CONTACT INFORMATION

Usually a trusted person that we can reach out to if we cannot get ahold of you in case of emergency.

Trusted Contact Name Relationship Phone

Address Email

FINANCIAL PROFILE & SUITABILITY

Annual Income _____

Net Worth _____

Liquid Net Worth _____

Specify Account Holder's source of wealth & income (e.g. Inheritance, Employment compensation, real estate, etc.)

Federal Income Tax Bracket

0% 10% 12% 21% 22% 24% 32% 35% 37%

Net Worth Composition (%) - Provide % of assets (must equal 100%)

Checking/Savings _____ Mutual Funds _____ Equities/Stocks _____ Bonds _____

Insurance _____ Annuities _____ Alternative Inv. _____ Real Estate _____

Other _____ > Please explain _____

Investment Time Horizon

1-3 years 3-5 years 5-10 years 10+ years

Are there liquidity needs from this/these accounts? Yes No

if yes, when will funds be needed? 0-3 years More than 3 years \$ Amt Needed _____

Investment Experience (# of years)

Annuities _____ Mutual Funds _____ Partnerships _____ Margins _____

Stocks _____ Bonds _____ Real Estate (non-residence) _____

Rank the following in order of importance to you with regard to your investments:

____ Growth ____ Withdrawals ____ Protection from Losses ____ Fees

____ Liquidity ____ Minimizing Taxes ____ Reducing Volatility ____ Other _____

Identify Your Priorities

<input type="checkbox"/>	Saving for retirement	<input type="checkbox"/>	Creating a steady stream of income through retirement	<input type="checkbox"/>	Paying for kids/grandkids college
<input type="checkbox"/>	Saving for a major purchase	<input type="checkbox"/>	Retiring Early	<input type="checkbox"/>	Protecting what we've saved
<input type="checkbox"/>	Providing a legacy			<input type="checkbox"/>	Other _____