



Client Profile Form

ACCOUNT OWNERSHIP INFORMATION

Name Name and Address of Primary Account Owner/ Trustee		Employer Name and Address <i>(if retired, state previous employer)</i>	
Date of Birth	SSN	Occupation Title	
Home Phone	Business Phone	Mobile Phone	Fax
Email Address		Marital Status	Citizenship
Number of Dependents (including self)	Number of Years as an Investor	Referral Source	Mother's Maiden Name
Passport/ID/Driver's License #		Passport/ID/Driver's License State of Issue	
Passport/ID/Driver's License Issue Date		Passport/ID/Driver's License Expiration Date	

JOINT ACCOUNT OWNER

Beneficiary Name and Address of Joint Account Owner		Employer Name and Address <i>(if retired, state previous employer.)</i>	
Date of Birth	SSN	Occupation Title	
Home Phone	Business Phone	Mobile Phone	Fax
Email Address		Marital Status	Citizenship
Number of Years as an Investor		Source	Mother's Maiden Name
Passport/ID/Driver's License #		Passport/ID/Driver's License State of Issue	
Passport/ID/Driver's License Issue Date		Passport/ID/Driver's License Expiration Date	

Relationship to Primary Client

BENEFICIARIES/TRANSFER ON DEATH

Beneficiary	Date of Birth	Current Address	Social Security Number
Percentage		Primary or Contingent	Current Phone
Beneficiary	Date of Birth	Current Address	Social Security Number
Percentage		Primary or Contingent	Current Phone
Beneficiary	Date of Birth	Current Address	Social Security Number
Percentage		Primary or Contingent	Current Phone



Client Profile Form

TRUSTEE INFORMATION

Name of Trust		
Grantor	Date of Trust	
Situs (State)	EIN	Revocable/Irrevocable

TRUSTEE INFORMATION

Name and Address of Primary Trustee		Employer Name and Address <i>(if retired, state previous employer)</i>	
Date of Agreement	EIN	Occupation Title	
Home Phone	Business Phone	Mobile Phone	Fax
Email Address		Marital Status	Citizenship (Y/N) and Country
Number of Years as an Investor		Referral	
Passport/ID/Driver's License #		Passport/ID/Driver's License State of Issue	
Passport/ID/Driver's License Issue Date		Passport/ID/Driver's License Expiration Date	

CO-TRUSTEE INFORMATION

Name and Address <i>(if retired, state previous employer.)</i>		Employer Name and Address <i>(if retired, state previous employer.)</i>	
Date of Agreement	EIN	Occupation Title	
Home Phone	Business Phone	Mobile Phone	Fax
Email Address		Marital Status	Citizenship
Number of Years as an Investor		Referral	
Passport/ID/Driver's License #		Passport/ID/Driver's License State of Issue	
Passport/ID/Driver's License Issue Date		Passport/ID/Driver's License Expiration Date	

Relationship to Primary Client





Is either party or an immediate family member affiliated with or employed by another Broker/Dealer member firm? If yes, indicate the firm and position. (Proper authorization must be obtained from the member firm.)

<u>Primary</u>		<u>Joint Owner</u>		If you selected "Yes", please write the Firm's Name and the Position Below
Yes	No	Yes	No	

Is either party or an immediate family member any of the following: director, shareholder with 10% or more of the stock, or a policy-making executive officer of a publicly traded company? If **yes**, indicate company and position.

<u>Primary</u>		<u>Joint Owner</u>		If you selected "Yes", please write the Company's Name and the Position Below
Yes	No	Yes	No	

If any information is inaccurate, please correct and initial your changes before returning.

Annual Income (all sources)

Less than \$50,000	\$50,000 - 99,999	\$100,000 - 199,999
\$200,000 - 299,999	\$300,000-399,999	\$400,000-499,999
\$500,000 - 749,999	\$750,000-999,999	\$1,000,000+

Joint Owner's Annual Income (all sources)

Less than \$50,000	\$300,000 - 399,999
\$50,000 - 99,999	\$400,000 - 499,999
\$100,000 - 199,999	\$500,000 - 749,999
\$200,000 - 299,999	\$750,000 - 999,999

Net Worth – excluding home (combined if joint account)

Less than \$100,000	\$500,000 - 999,999
\$100,000 - 249,999	\$1,000,000 - 2,999,999
\$250,000 - 499,999	\$3,000,000 +

Liquid Net Worth (combined if joint account)

Less than \$100,000	\$500,000 - 999,999
\$100,000 - 249,999	\$1,000,000 - 2,999,999
\$250,000 - 499,999	\$3,000,000 +

Investment Objective (Please choose one)

If multiple account owners have different investment objectives or levels of risk tolerance, please complete an additional page.

Preservation of Principal/Income – Focus is on preserving principal and generating current income.

Conservative - Focus is on limited volatility of principal and generating current income.

Balanced Growth – Focus is on generating current income and/or long-term capital growth.

Estimated Tax Bracket _____

Growth – Focus is on generating long-term capital growth.

Aggressive Growth/Aggressive Income – Focus is on generating growth and/or income at greater than market rates.

Risk Tolerance. Please indicate your risk tolerance specific to the investments in this account.

I/We are willing to accept **minimal risk**, even if that means my investment does not generate significant income or returns and may not keep pace with inflation.

I/We are willing to accept **low risk**, including low volatility, and understand I could lose a modest amount of my investment.

I/We are willing to accept **moderate risk**, including some volatility, to seek higher returns and understand I could lose a portion of my investment.

I/We are willing to accept **high risk**, including high volatility, and understand I could lose a substantial amount of my investment.

I/We are willing to accept **maximum risk** and understand I could lose all of my investment.



INVESTOR PROFILE CONTINUED

Liquidity Needs. On an annual basis, what are your expected withdrawal needs from this account?

Less than \$1,000	\$10,000 to \$49,999	\$100,000 to \$249,999
\$1,000 to \$9,999	\$50,000 to \$99,999	\$250,000 +

Investment Time Horizon. When do you expect to cease accumulating assets in this account, and begin withdrawing significantly from the principal?

Less than 1 year	4 to 6 years	9 to 11 years
1 to 3 years	7 to 8 years	+11 years

Investment Experience. Please check the products/strategies that best reflect your investment experience to date.

None	Bonds	Options	Margin	Active Short-Term Trading	Inverse/Leveraged Products
Stocks	Mutual Funds	Annuities	Futures	Exchange Traded Funds	Alternative Investments

ADDITIONAL INFORMATION:

CPA Name	Attorney	Other Advisor(s)
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NOTES:

By signing below, I certify that the information provided on this form is true, correct and complete. All persons must sign if this is a joint account.

Primary Account Owner Signature	Date	Joint Owner Signature (if applicable)	Date
Print Name from Signature Above		Print Name from Signature Above	
Trustee Signature (if applicable)	Date	Co-Trustee Signature (if applicable)	Date
Print Trustee Name from Signature Above		Print Co-Trustee Name from Signature Above	
Approved By: Financial Advisor	Date	Firm Principal	Date