



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) |
|----------|----------|------------------|

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 |