

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		

**If retired, only previous industry and previous occupation are 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 <u>client's experience</u> (# of years) in the following asset class:				Indicate the <u>percentage</u> of net worth in each asset class:				
Annuities	Mutual Funds	Partnerships	Margin	Checking/Savings	Mutual Funds	Equities/Stocks	Bonds	Insurance
Stocks	Bonds	Options	Other (must describe asset)	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?								

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 Account Number	Bank Routing Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax Withholding Federal State	

Move Money Instructions 2									
Bank Name	Bank Account Name	Bank Account Number	Bank Routing Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax Withholding Federal State	

Move Money Instructions 3									
Bank Name	Bank Account Name	Bank Account Number	Bank Routing Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax Withholding Federal State	

Duplicate On Demand Instructions?

Duplicate On Demand Instructions?

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

	<i>Account 1</i>	<i>Account 2</i>	<i>Account 3</i>	<i>Account 4</i>	<i>Account 5</i>	<i>Account 6</i>	<i>Account 7</i>
<i>Account Registration</i>							
<i>Registration Type</i>							
<i>Program Type</i>							
<i>Prior Account Number</i>							
<i>Investment Objective</i>							
<i>Advisory Fee</i>							
<i>Manager (if applicable)</i>							
<i>Strategy (if applicable)</i>							
<i>Discretion</i>							
<i>Account Value</i>							
<i>Primary Account Holder</i>							
<i>Secondary Account Holder</i>							
<i>Move Money</i>							

Additional Features

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

Notes