



IF THE ACCOUNT IS FOR A TRUST OR ENTITY, PLEASE BEGIN ON PAGE 2

ACCOUNT OWNERSHIP INFORMATION

Full Legal Name and Address of Primary Account Owner

Date of Birth _____ SSN _____

Home Phone _____ Business Phone _____

Email Address _____

Number of Dependents (including self) _____

Number of Years as an Investor _____

ID/Driver's License # _____

ID/Driver's License Issue Date _____

Employer Name and Address (if retired, state previous employer)

Occupation Title _____

Mobile Phone _____

Marital Status _____ Citizenship _____

Known FA Since _____

ID/Driver's License State of Issue _____

ID/Driver's License Expiration Date _____

JOINT ACCOUNT OWNER

Full Legal Name and Address of Joint Account Holder

Date of Birth _____ SSN _____

Home Phone _____ Business Phone _____

Email Address _____

Number of Dependents _____

Number of Years as an Investor _____

ID/Driver's License # _____

ID/Driver's License Issue Date _____

Employer Name and Address (If retired, state previous employer.)

Occupation Title _____

Mobile Phone _____

Marital Status _____ Citizenship _____

ID/Driver's License State of Issue _____

ID/Driver's License Expiration Date _____



ENTITY INFORMATION

Name of Entity/Trust _____

Grantor (if a trust) _____ Date of Trust (if applicable) _____

EIN _____ Select one if Trust: Revocable _____ Irrevocable _____

TRUSTEE or AUTHORIZED SIGNER INFORMATION

Name and Address of Primary Trustee/Authorized Signer

SSN/EIN _____

Phone No. _____

DOB _____

Email Address _____

Number of Years as an Investor _____

ID/Driver's License # _____

ID/Driver's License Issue Date _____

Employer Name and Address (if retired, state previous employer)

Occupation Title _____

Mobile Phone _____

Marital Status _____ Citizenship (Y/N) and Country _____

ID/Driver's License State of Issue _____

ID/Driver's License Expiration Date _____

ADDITIONAL TRUSTEE/AUTHORIZED SIGNER INFORMATION

Name and Address (If retired, state previous employer.)

SSN/EIN _____

Phone No. _____

DOB _____

Email Address _____

Number of Years as an Investor _____

ID/Driver's License # _____

ID/Driver's License Issue Date _____

Employer Name and Address (If retired, state previous employer.)

Occupation Title _____

Mobile Phone _____

Marital Status _____ Citizenship _____

ID/Driver's License State of Issue _____

ID/Driver's License Expiration Date _____



Client Profile Form

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.)

Primary Joint Owner 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.

Primary Joint Owner 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.

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

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

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

I/We am 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

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.

Owner/Trustee Signature

Date _____

Joint Owner/Trustee Signature

Date _____

Print Name from Signature Above

Date _____

Print Name from Signature Above

Date _____

Financial Advisor

Date _____

Firm Principal

Date _____