

NEW CLIENT QUESTIONNAIRE

CLIENT NAME _____ DOB ____/____/____ SSN ____-____-____

LEGAL RESIDENCE _____

MAILING ADDRESS (if different from above) _____

HOME PHONE: _____ CELL: _____ BUSINESS: _____

PRIMARY EMAIL ADDRESS _____

EMPLOYER NAME/ADDRESS _____

#YEARS/MONTHS EMPLOYED _____ EMPLOYMENT POSITION _____

EDUCATION LEVEL _____ # OF DEPENDENTS _____ HOME: OWN or RENT

ANNUAL INCOME \$ _____ LIQUID NET WORTH \$ _____ NET WORTH \$ _____

TAX BRACKET: 10% 12% 22% 24% 32% 35% 37% OTHER _____%

TIME HORIZON: 10+ YEARS, 5 – 10 YEARS, 3 – 5 YEARS, 1 – 3 YEARS, LESS THAN 1 YEAR

INVESTMENT OBJECTIVE: AGGRESSIVE GROWTH, GROWTH, GROWTH & INCOME, INCOME

RISK TOLERANCE: CONSERVATIVE, MODERATE, LONG-TERM

INVESTMENT EXPERIENCE (IN YEARS): _____ STOCKS, _____ BONDS, _____ MUTUAL FUNDS,
_____ OPTIONS, _____ ANNUITIES/LIFE INSURANCE, _____ PRIVATE PLACEMENTS

SPOUSE NAME/ADDRESS (IF APPLICABLE) _____

DOB ____/____/____ SSN ____-____-____ CELL: _____ BUSINESS: _____

EMAIL _____ EMPLOYER NAME/ADDRESS _____

#YEARS EMPLOYED _____ POSITION _____ ANNUAL INCOME \$ _____

SPOUSE'S INVESTMENT EXPERIENCE (IN YEARS): _____ STOCKS, _____ BONDS, _____ MUTUAL FUNDS,
_____ OPTIONS, _____ ANNUITIES/LIFE INSURANCE, _____ PRIVATE PLACEMENTS

**** As part of our *Client Identification Program*, we require proof of all account owners' and associated persons' date of birth, legal address, and social security number (or tax identification number). Please provide us with a clear copy of a current government-issued photo ID such as a driver's license or passport. Also provide a copy of your Social Security Card or an IRS issued report, such as a recent IRS tax return bearing your social security number (or tax identification number). Thank you.**

TRUSTED CONTACT PERSON(S) (Optional)

NAME _____

ADDRESS _____

RELATIONSHIP _____ HOME PHONE: _____ CELL _____

EMAIL ADDRESS _____

NAME _____

ADDRESS _____

RELATIONSHIP _____ HOME PHONE: _____ CELL _____

EMAIL ADDRESS _____

NAME _____

ADDRESS _____

RELATIONSHIP _____ HOME PHONE: _____ CELL _____

EMAIL ADDRESS _____

NAME _____

ADDRESS _____

RELATIONSHIP _____ HOME PHONE: _____ CELL _____

EMAIL ADDRESS _____

TRANSFER-ON-DEATH BENEFICIARY INFORMATION *(Optional)*

- **PRIMARY**

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

- **CONTINGENT**

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

RETIREMENT ACCOUNT BENEFICIARY INFORMATION (Optional)

• **PRIMARY**

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

• **CONTINGENT**

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____

_____, NAME/ADDRESS _____

SSN _____ DATE OF BIRTH _____ RELATIONSHIP _____

HOME/CELL PHONE: _____ EMAIL ADDRESS _____