



## Client Profile Form

Establish a new client     Update an existing client\*

\* **All sections required for new client relationships.** For client updates, please complete the applicable sections only. The signature page is always required. If your investment risk tolerance or time horizon has changed, please complete a new Risk Tolerance Questionnaire. **Please be sure to transmit this form securely to us by either using regular mail, facsimile or secure email. Regular email is not secure.**

### First Client information:

Mr.  Mrs.  Ms.    Name (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
(Last) \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_\_ Spouse's Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Mailing (or secondary) Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Additional Email \_\_\_\_\_

Phone numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (cell)

Citizenship:  U.S  Other\*  Dual Citizenship\*    Please specify: \_\_\_\_\_

Are you a senior foreign political figure/ military official or closely related to one?  Yes  No

If yes, please specify: \_\_\_\_\_

Are you:  Single  Married  Divorced  Widowed

Number of dependents \_\_\_\_\_

**Beneficiaries:**

Primary:

Name:	DOB:	SSN:	Relationship:	Percentage:

Contingent:

Name:	DOB:	SSN:	Relationship:	Percentage:

**First Client Employment information:**

Are you currently:  Employed  Unemployed  Retired  Student  Self-Employed

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Annual Bonus: \_\_\_\_\_

Are you or any immediate family member affiliated or employed by any securities firm, bank, trust, stock exchange, regulatory authority or insurance company?  Yes  No

If Yes, please specify \_\_\_\_\_

Are you a director, 10% shareholder, or policy-making officer of a publicly traded company?

Yes  No If yes, please specify \_\_\_\_\_

**Second Client information:**

Mr.  Mrs.  Ms. Name (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Mailing (or secondary) Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Additional Email \_\_\_\_\_

Phone numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (cell)

Citizenship:  U.S  Other\*  Dual Citizenship\*

\*Please Specify: \_\_\_\_\_

Are you a senior foreign political figure/ military official or closely related to one?  Yes  No

If yes, please specify: \_\_\_\_\_

Are you:  Single  Married  Divorced  Widowed

Number of dependents \_\_\_\_\_

**Beneficiaries:**

Primary:

Name:	DOB:	SSN:	Relationship:	Percentage:

Contingent:

Name:	DOB:	SSN:	Relationship:	Percentage:

**Second Client Employment information:**

Are you currently:  Employed  Unemployed  Retired  Student  Self-Employed

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Annual Bonus: \_\_\_\_\_

Are you or any immediate family member affiliated or employed by any securities firm, bank, trust, stock exchange, regulatory authority or insurance company?  Yes  No

If Yes, please specify \_\_\_\_\_

Are you a director, 10% shareholder, or policy-making officer of a publicly traded company?

Yes  No If yes, please specify \_\_\_\_\_

**Financial Data:**

Refers to:  First Client  First & Second Client combined  Other

Net Worth: \_\_\_\_\_

Investable Net Worth\* \_\_\_\_\_

\* Excludes home, and auto. Includes liquid investments and retirement accounts.

**Real Estate:**

Primary Residence: \_\_\_\_\_ Secondary Residence: \_\_\_\_\_

Additional investment property: \_\_\_\_\_

Liabilities: (Mortgages, Credit Cards, loans, etc.)

1. Amount \_\_\_\_\_ Description \_\_\_\_\_
2. Amount \_\_\_\_\_ Description \_\_\_\_\_
3. Amount \_\_\_\_\_ Description \_\_\_\_\_
4. Amount \_\_\_\_\_ Description \_\_\_\_\_

General investment knowledge and experience:  None  Limited  Good  Extensive

Product experience: (check all that apply)

Fixed Income  Equities  Mutual Funds  Variable annuities

Options  Alternative Investments

**If financial data refers to only one client above, please provide financial data for second client below:**

Net Worth:\_\_\_\_\_ Investable Net Worth\*\_\_\_\_\_

\*Excludes home, and auto. Includes liquid investments and retirement accounts.

**Real Estate:**

Primary Residence:\_\_\_\_\_ Secondary Residence:\_\_\_\_\_

Additional investment property:\_\_\_\_\_

Liabilities: (Mortgages, Credit Cards, Loans, etc.)

1. Amount\_\_\_\_\_ Description\_\_\_\_\_
2. Amount\_\_\_\_\_ Description\_\_\_\_\_
3. Amount\_\_\_\_\_ Description\_\_\_\_\_
4. Amount\_\_\_\_\_ Description\_\_\_\_\_

General investment knowledge and experience:  None  Limited  Good  Extensive

Product experience: (check all that apply)

- Fixed Income  Equities  Mutual Funds  Variable annuities
- Options  Alternative Investments

1<sup>st</sup> Client Signature\*:\_\_\_\_\_ Date:\_\_\_\_\_

2<sup>nd</sup> Client Signature\*:\_\_\_\_\_ Date:\_\_\_\_\_

\* At this time, electronic signature is not available. Please print and sign.