

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

# Client and Account Questionnaire

<b>Client Information</b>									
<b>Mailing Address</b>									
Street Address				City		State	ZIP	Country	
<b>Legal Address (if different from mailing address)</b>									
Street Address				City		State	ZIP	Country	
Associated Person(s)									
<b>Primary Account Owner</b>									
Social Security Number/TIN			Name (First, Middle, and Last)						
Street Address ( <input type="checkbox"/> check box if same as above)				City		State	ZIP	Country	
Home Phone		Business Phone			Fax Number		Other Phone		
Email Address							Date of Birth		
Country of Citizenship/Registration			State of Registration				Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Government ID Type	Government ID Number		Date of Issue		Expiration Date		Place of Issue		
Occupation		Position			Employer (if retired, please provide name of former employer)				
Employer's Street Address (required for SEP IRAs)				City		State	ZIP	Country	
Number of Years		Gender	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Number of Dependents		
Home <input type="checkbox"/> Own <input type="checkbox"/> Rent		Education Level <input type="checkbox"/> A - High School Graduate <input type="checkbox"/> B - Post-Secondary Study <input type="checkbox"/> C - 2-Year Degree <input type="checkbox"/> D - College Graduate <input type="checkbox"/> E - Post-Graduate Study <input type="checkbox"/> F - Advanced Degree <input type="checkbox"/> G - Other							
Are you or a member of your immediate family a director, policy-making officer, or 10% stockholder in any publicly traded company? [Rule 144] <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate Company Name, CUSIP, or ticker symbol:									
Is the primary account owner a person of interest? If so, mark the appropriate indicators below:									
<b>U.S. Non-Individual</b> (Select up to five indicators that apply to this account owner)									
<input type="checkbox"/> NOT APPLICABLE (00)		<input type="checkbox"/> GUN DLR/FIREARMS (5E)		<input type="checkbox"/> TRAVEL AGENT (5A)		<input type="checkbox"/> MONEY SERVICE BUS (5D)			
<input type="checkbox"/> CASINO (5B)		<input type="checkbox"/> FOREIGN NGO (5F)		<input type="checkbox"/> GEM/PREX MTL DLRS (5C)		<input type="checkbox"/> PEP – FOREIGN (5G)			
<b>U.S. Individual</b> (Select all that apply to this account owner)									
<input type="checkbox"/> NOT APPLICABLE (00)		<input type="checkbox"/> PEP (3A)							
<b>Foreign Non-Individual</b> (Select up to five indicators that apply to this account owner)									
<input type="checkbox"/> NOT APPLICABLE (00)		<input type="checkbox"/> FOR OPERATING CO (6G)		<input type="checkbox"/> GEM/PREX MTL DLRS (6C)		<input type="checkbox"/> FOREIGN NGO (6K)			
<input type="checkbox"/> CASINO (6B)		<input type="checkbox"/> FOR PERS INV/HOLDING CO (6H)		<input type="checkbox"/> GUN DLR/FIREARMS (6F)		<input type="checkbox"/> PEP – FOREIGN (6N)			
<input type="checkbox"/> FFI (6L)		<input type="checkbox"/> FOREIGN TRUST (6I)		<input type="checkbox"/> MONEY SERVICE BUS (6D)		<input type="checkbox"/> TRAVEL AGENT (6A)			
<input type="checkbox"/> FOR FIN INTERMEDIARY (6M)									
<b>Foreign Individual</b> (Select all that apply to this account owner)									
<input type="checkbox"/> NOT APPLICABLE (00)		<input type="checkbox"/> FOR FIN INTERMEDIARY (3B)		<input type="checkbox"/> PEP (3A)		<input type="checkbox"/> NON-RESIDENT ALIEN (3C)			

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# Client and Account Questionnaire

Joint Account Owner									
Social Security Number/TIN			Name (First, Middle, and Last)						
Street Address ( <input type="checkbox"/> check box if same as above)					City		State	ZIP	Country
Home Phone			Business Phone		Fax Number		Other Phone		
Email Address							Date of Birth		
Country of Citizenship/Registration				State of Registration			Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Government ID Type		Government ID Number		Date of Issue		Expiration Date		Place of Issue	
Occupation			Position		Employer (if retired, please provide name of former employer)				
Employer's Street Address (required for SEP IRAs)					City		State	ZIP	Country
Number of Years With Employer		Gender	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Number of Dependents		
Are you or a member of your immediate family a director, policy-making officer, or 10% stockholder in any publicly traded company? [Rule 144] <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate Company Name, CUSIP, or ticker symbol:									
Is the primary account owner a person of interest? If so, mark the appropriate indicators below:									
<b>U.S. Individual</b> (Select all that apply to this account owner)									
<input type="checkbox"/> NOT APPLICABLE (00) <input type="checkbox"/> PEP (3A)									
<b>U.S. Non-Individual</b> (Select up to five indicators that apply to this account owner)									
<input type="checkbox"/> NOT APPLICABLE (00) <input type="checkbox"/> GUN DLR/FIREARMS (5E) <input type="checkbox"/> TRAVEL AGENT (5A) <input type="checkbox"/> MONEY SERVICE BUS (5D)									
<input type="checkbox"/> CASINO (5B) <input type="checkbox"/> FOREIGN NGO (5F) <input type="checkbox"/> GEM/PRECX MTL DLRS (5C) <input type="checkbox"/> PEP – FOREIGN (5G)									
<b>Foreign Non-Individual</b> (Select up to five indicators that apply to this account owner)									
<input type="checkbox"/> NOT APPLICABLE (00) <input type="checkbox"/> FOR OPERATING CO (6G) <input type="checkbox"/> GEM/PRECX MTL DLRS (6C) <input type="checkbox"/> FOREIGN NGO (6K)									
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<b>Foreign Individual</b> (Select all that apply to this account owner)									
<input type="checkbox"/> NOT APPLICABLE (00) <input type="checkbox"/> FOR FIN INTERMEDIARY (3B) <input type="checkbox"/> PEP (3A) <input type="checkbox"/> NON-RESIDENT ALIEN (3C)									
Household Financial Information (Primary Owner)									
<b>Tax Bracket</b>									
Please check the box that most closely matches your current tax bracket									
<input type="checkbox"/> 10% <input type="checkbox"/> 12% <input type="checkbox"/> 22% <input type="checkbox"/> 24% <input type="checkbox"/> 32% <input type="checkbox"/> 35% <input type="checkbox"/> 37%									
Financial Information (select from the chart below)									
	\$0 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$4,999,999	\$5,000,000 - \$9,999,999	\$10,000,000 or more	
Other Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Household Annual Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquid Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Net Worth (excluding residence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Investment experience of primary account owner (select the corresponding letter from the drop-down menus below):									
A. None B. 0-5 years C. 6-10 years D. 11 or more years									
_____ Stocks _____ Bonds _____ Options _____ Annuities/Life Insurance _____ Mutual Funds									

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## Client and Account Questionnaire

Children (complete the information if you have custodian accounts, 529 Plans, or Education IRAs)		
Name	Social Security Number	Date of Birth
Name	Social Security Number	Date of Birth
Name	Social Security Number	Date of Birth

Associated Person Information/Entity (if applicable)
This information will need to be provided for each person associated with your accounts (i.e., POAs, Trustees, corporate officers, CPAs, third-party authorization, etc.)

Name or Entity		Title		SSN or Tax ID		Date of Birth	
Street Address (Cannot be a PO Box)				City		State	ZIP
Home Phone		Business Phone		Fax Number			
Country of Citizenship/Registration		State of Registration		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Government ID Type	Government ID Number	Date of issue	Date of Expiration	Place of issue			
Employer (if retired, please provide name of former employer)			Occupation			Number of years	
Are you or a member of your immediate family a director, policy-making officer, or 10% stockholder in any publicly traded company? [Rule 144] <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate ticker symbol, CUSIP, or company name:							

Name or Entity		Title		SSN or Tax ID		Date of Birth	
Street Address (Cannot be a PO Box)				City		State	ZIP
Home Phone		Business Phone		Fax Number			
Country of Citizenship/Registration		State of Registration		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Government ID Type	Government ID Number	Date of issue	Date of Expiration	Place of issue			
Employer (if retired, please provide name of former employer)			Occupation			Number of years	
Are you or a member of your immediate family a director, policy-making officer, or 10% stockholder in any publicly traded company? [Rule 144] <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate ticker symbol, CUSIP, or company name:							

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# Client and Account Questionnaire

## Retirement Account Beneficiary Information *(if applicable)*

Complete these fields only if you have retirement accounts (traditional IRA, Roth IRA, Education IRA, SEP, SIMPLE).  
If you have additional primary or contingent beneficiaries, please include a separate sheet.

### Name on Retirement Account #1

Primary Beneficiary Name	SSN	Date of Birth	<input type="text"/>	Is beneficiary the spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Beneficiary Address	City	State	ZIP	
Contingent Beneficiary Name <i>(if applicable)</i>	SSN	Date of Birth	<input type="text"/>	Is beneficiary the spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Name on Retirement Account #2

Primary Beneficiary Name	SSN	Date of Birth	<input type="text"/>	Is beneficiary the spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Beneficiary Address	City	State	ZIP	
Contingent Beneficiary Name <i>(if applicable)</i>	SSN	Date of Birth	<input type="text"/>	Is beneficiary the spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Trust Account Information *(if applicable)*

Date of trust \_\_\_\_\_ Amendment date *(if applicable)* \_\_\_\_\_

Grantor Name \_\_\_\_\_

Is the trust revocable? ☐ Yes ☐ No *(If applicable, name of person with authority to revoke)* \_\_\_\_\_

Has the trust been modified or revoked so as to render the certification inaccurate? ☐ Yes ☐ No \_\_\_\_\_

Title of the trust assets (state how assets should be titled) \_\_\_\_\_

Is the trust governed by U.S. law? ☐ Yes ☐ No If "Yes," what state? \_\_\_\_\_

Please note: Trusts created in the following states will require notary signature on Trustee Certification of Investment Powers:  
CA, DE, ID, IA, KS, MI, MS, NE, NV, SD, or TN

Successor trustee(s) *(if applicable)* \_\_\_\_\_

### Transactions

- ☐ A. Corporate Stocks
- ☐ B. Corporate Bonds
- ☐ C. Municipal Securities
- ☐ D. U.S. Agency Securities
- ☐ E. U.S. Government Securities
- ☐ F. Unit Investment Trusts
- ☐ G. Mutual Funds
- ☐ H. Limited Partnerships
- ☐ I. Annuities
- ☐ J. Margin Transactions (Including Short Sales)
- ☐ K. Other: \_\_\_\_\_

### Options Transactions

- ☐ Level 1 – Covered Call Writing
- ☐ Level 2 – Covered Call Writing, Buying Puts Against Long Positions (Married Puts) or Put Writing Against Full Deposit of Strike Price (Covered Puts)
- ☐ Level 3 – Level 2 Plus Options Buying, Purchasing Put/Call Warrants
- ☐ Level 4 – Level 3 Plus Option Spreading
- ☐ Level 5 – Level 4 Plus Uncovered Put Writing vs. Buying Power
- ☐ Level 6 – Level 5 Plus Uncovered Straddles, Uncovered Call Writing

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# Client and Account Questionnaire

Non-Individual Account Owner (applicable to entity accounts only)		
Exchange	Country of Exchange	Exchange Description
Sales Market	Sales Market State(s)	Sales Market Country(ies)
<b>Business Type:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Division, Store, Office <input type="checkbox"/> Govt. Unit or Agency <input type="checkbox"/> Financial Institution <input type="checkbox"/> Indian Tribal Govt. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Informal Social/Recreational Group <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust Co. <input type="checkbox"/> Unicorp Assn./Social/Rec/Civic Group/Non-Profit		
<b>Business Subtype:</b> <input type="checkbox"/> Business Trust <input type="checkbox"/> Multinational Corp. <input type="checkbox"/> Corporation <input type="checkbox"/> Domestic <input type="checkbox"/> Federal <input type="checkbox"/> Foreign <input type="checkbox"/> General Partnership <input type="checkbox"/> Joint Venture Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Local <input type="checkbox"/> Professional Corp. <input type="checkbox"/> Professional Limited Liability Partnership <input type="checkbox"/> State		
<b>NAIC Industry (Select up to 3):</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Agriculture, Forestry, Fishing, and Hunting  <input type="checkbox"/> Mining  <input type="checkbox"/> Utilities  <input type="checkbox"/> Construction  <input type="checkbox"/> Food/Textile Manufacturing  <input type="checkbox"/> Wood/Plastic/Glass/Chemical Manufacturing  <input type="checkbox"/> Metal/Machinery Manufacturing  <input type="checkbox"/> Wholesale Trade  <input type="checkbox"/> Durable Goods/Housewares/Clothing/Food  <input type="checkbox"/> Department Stores/General Merchandise Stores  <input type="checkbox"/> Transportation  <input type="checkbox"/> Warehousing and Storage         </div> <div style="width: 50%;"> <input type="checkbox"/> Information  <input type="checkbox"/> Finance and Insurance  <input type="checkbox"/> Real Estate Rental and Leasing  <input type="checkbox"/> Professional, Scientific, and Technical Services  <input type="checkbox"/> Management of Companies and Enterprises  <input type="checkbox"/> Administrative and Support and Waste Management and Remediation Services  <input type="checkbox"/> Educational Services  <input type="checkbox"/> Health Care and Social Services  <input type="checkbox"/> Arts, Entertainment, and Recreation  <input type="checkbox"/> Accommodation and Food Services  <input type="checkbox"/> Other Services (except Public Administration)  <input type="checkbox"/> Public Administration         </div> </div>		
<b>NAIC Sub-Industry (1)*</b> <hr/>		
<b>NAIC Sub-Industry (2)*</b> <hr/>		
<b>NAIC Sub-Industry (3)*</b> <hr/>		

\*For information regarding NAICS Industry Codes, please visit the following website: <http://www.census.gov/eos/www/naics/> and use the 2012 NAICS Search feature to locate potential industry code descriptions.

**NAICS (North American Industry Classification System)** – Required for non-individual clients. NAICS codes are a standard used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

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## Client and Account Questionnaire

### Non-Individual Account Owner Guidelines

This section is applicable to each non-individual account owner (e.g., corporations, LLCs, partnerships, etc.).

- **Exchange**

For entities that are publicly traded, must indicate the exchange where the entity trades.

- **Sales Markets State/Country**

All non-individual clients, both foreign and domestic, are required to record the specific market(s) in which they conduct business. For entities conducting business across the U.S., users are required to provide one U.S. state and may provide up to three U.S. states. For entities conducting international business, users are required to provide one country and may provide up to three countries. Certain entities may conduct business in both U.S. and international markets. In this instance, entities will be able to provide up to three U.S. states and three international countries.

- **Business Type/Subtype**

Business and Business Subtype are required for non-individual clients to classify the entity appropriately. The business formation will determine the business and business subtype category.

### NAICS (North American Industry Classification System)

This is required for non-individual clients. NAICS codes are a standard used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

*\*For information regarding NAICS Industry Codes, please visit the following website: <http://www.census.gov/eos/www/naics/> and use the **2012 NAICS Search** feature to locate potential industry code descriptions.*

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Client and Account Questionnaire

<b>Account Information</b>																
Account Type																
If 529 Plan, select whether the primary owner is <input type="checkbox"/> Parent <input type="checkbox"/> Donor																
Primary Owner																
Mailing Address	City	State	ZIP	Country												
Co-Owner																
Associated person (if 529 plan, put minor's name)																
<p>Is the primary owner a registered investment advisor/company either with the SEC or state securities commission?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the account holder have total assets of at least \$50 million? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note that this is based on account holder's TOTAL asset value. This may differ from the account holder's Liquid Assets and Net Worth.</p> <p><input type="checkbox"/> Checking this box indicates that customer name and address information will be provided to issuers. SEC Rule 14b-1 prohibits such issuer from using name and address information for any purposes other than corporate communications.</p>																
<b>Source of Funds</b> (select from options below) <table border="0"> <tr> <td><input type="checkbox"/> Savings</td> <td><input type="checkbox"/> Sale of Business</td> <td><input type="checkbox"/> Asset Appreciation</td> </tr> <tr> <td><input type="checkbox"/> Inheritance</td> <td><input type="checkbox"/> Sale of Real Estate</td> <td><input type="checkbox"/> Associated Person</td> </tr> <tr> <td><input type="checkbox"/> Business Revenue</td> <td><input type="checkbox"/> Sale of Asset</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Donations (Trust only)</td> <td><input type="checkbox"/> Legal/Ins Settlement</td> <td></td> </tr> </table>					<input type="checkbox"/> Savings	<input type="checkbox"/> Sale of Business	<input type="checkbox"/> Asset Appreciation	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Sale of Real Estate	<input type="checkbox"/> Associated Person	<input type="checkbox"/> Business Revenue	<input type="checkbox"/> Sale of Asset	<input type="checkbox"/> Other _____	<input type="checkbox"/> Donations (Trust only)	<input type="checkbox"/> Legal/Ins Settlement	
<input type="checkbox"/> Savings	<input type="checkbox"/> Sale of Business	<input type="checkbox"/> Asset Appreciation														
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<input type="checkbox"/> Business Revenue	<input type="checkbox"/> Sale of Asset	<input type="checkbox"/> Other _____														
<input type="checkbox"/> Donations (Trust only)	<input type="checkbox"/> Legal/Ins Settlement															
<b>Horizon</b> (if different from household) <table border="0"> <tr> <td><input type="checkbox"/> Immediate Term (1 year or less)</td> <td><input type="checkbox"/> Moderate Term (5 – 10 years)</td> </tr> <tr> <td><input type="checkbox"/> Short term (1 – 3 years)</td> <td><input type="checkbox"/> Long Term (10+ years)</td> </tr> <tr> <td><input type="checkbox"/> Intermediate Term (3 – 5 years)</td> <td></td> </tr> </table>					<input type="checkbox"/> Immediate Term (1 year or less)	<input type="checkbox"/> Moderate Term (5 – 10 years)	<input type="checkbox"/> Short term (1 – 3 years)	<input type="checkbox"/> Long Term (10+ years)	<input type="checkbox"/> Intermediate Term (3 – 5 years)							
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<input type="checkbox"/> Intermediate Term (3 – 5 years)																
<b>Liquidity Needs</b> <table border="0"> <tr> <td><input type="checkbox"/> Significant (Primary need is liquidity)</td> <td><input type="checkbox"/> None (Have other sources of cash)</td> </tr> <tr> <td><input type="checkbox"/> Moderate (May need quick access to cash)</td> <td></td> </tr> </table>					<input type="checkbox"/> Significant (Primary need is liquidity)	<input type="checkbox"/> None (Have other sources of cash)	<input type="checkbox"/> Moderate (May need quick access to cash)									
<input type="checkbox"/> Significant (Primary need is liquidity)	<input type="checkbox"/> None (Have other sources of cash)															
<input type="checkbox"/> Moderate (May need quick access to cash)																
<b>Investment Objective/Risk Tolerance</b> <table border="0"> <tr> <td><input type="checkbox"/> Conservative Income</td> <td><input type="checkbox"/> Moderate Income &amp; Growth</td> <td><input type="checkbox"/> Aggressive Growth</td> </tr> <tr> <td><input type="checkbox"/> Conservative Income &amp; Growth</td> <td><input type="checkbox"/> Moderate Growth</td> <td><input type="checkbox"/> Trading &amp; Speculation</td> </tr> <tr> <td><input type="checkbox"/> Conservative Growth</td> <td><input type="checkbox"/> Aggressive Income</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Moderate Income</td> <td><input type="checkbox"/> Aggressive Income &amp; Growth</td> <td></td> </tr> </table>					<input type="checkbox"/> Conservative Income	<input type="checkbox"/> Moderate Income & Growth	<input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> Conservative Income & Growth	<input type="checkbox"/> Moderate Growth	<input type="checkbox"/> Trading & Speculation	<input type="checkbox"/> Conservative Growth	<input type="checkbox"/> Aggressive Income		<input type="checkbox"/> Moderate Income	<input type="checkbox"/> Aggressive Income & Growth	
<input type="checkbox"/> Conservative Income	<input type="checkbox"/> Moderate Income & Growth	<input type="checkbox"/> Aggressive Growth														
<input type="checkbox"/> Conservative Income & Growth	<input type="checkbox"/> Moderate Growth	<input type="checkbox"/> Trading & Speculation														
<input type="checkbox"/> Conservative Growth	<input type="checkbox"/> Aggressive Income															
<input type="checkbox"/> Moderate Income	<input type="checkbox"/> Aggressive Income & Growth															
<b>Account Purpose and Nature</b> <table border="0"> <tr> <td><input type="checkbox"/> Investments</td> <td><input type="checkbox"/> Personal Liquid Savings</td> <td><input type="checkbox"/> Employee Retirement</td> </tr> <tr> <td><input type="checkbox"/> Business Management</td> <td><input type="checkbox"/> Children's Savings</td> <td><input type="checkbox"/> Estate Management</td> </tr> <tr> <td><input type="checkbox"/> Retirement</td> <td><input type="checkbox"/> Trust Management</td> <td></td> </tr> </table>					<input type="checkbox"/> Investments	<input type="checkbox"/> Personal Liquid Savings	<input type="checkbox"/> Employee Retirement	<input type="checkbox"/> Business Management	<input type="checkbox"/> Children's Savings	<input type="checkbox"/> Estate Management	<input type="checkbox"/> Retirement	<input type="checkbox"/> Trust Management				
<input type="checkbox"/> Investments	<input type="checkbox"/> Personal Liquid Savings	<input type="checkbox"/> Employee Retirement														
<input type="checkbox"/> Business Management	<input type="checkbox"/> Children's Savings	<input type="checkbox"/> Estate Management														
<input type="checkbox"/> Retirement	<input type="checkbox"/> Trust Management															
<b>Dividend Reinvestment Plans</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <p><b>Dividend Reinvestment Instructions</b></p> <p>_____ All eligible assets will be reinvested for these accounts.</p> <p>_____ No assets will be reinvested for these accounts. Cash dividends will be paid for all new trades.</p> <p>_____ Cash dividends will be paid for this account unless the security is coded for reinvest.</p> <p>_____ Reinvest all new assets for this account unless the security is coded for cash dividends.</p>																

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## Client and Account Questionnaire

### Cost Basis Election

Does the client want cost basis on statements? ☐ Yes ☐ No If "Yes," then select ☐ Full Tax Lots ☐ Net Tax Lots

Tax Lot Relief Method – *Default method is FIFO (First In First Out)*

☐ FIFO ☐ LIFO ☐ HIFO ☐ LOFO ☐ HCST ☐ HCLT ☐ LCLT ☐ LCST

### Average Cost Elections

Mutual Funds \_\_\_\_\_ Election Date \_\_\_\_\_ Election for Rights/Warrants Apportionment (If applicable)

☐ Yes ☐ No

Dividend Reinvestment Plans \_\_\_\_\_ Election Date \_\_\_\_\_

**N** – Not Average Cost **O** – Post-Effective **M** – Mixed-Specific

### Collective Document Fulfillment Detail

Document Package Title \_\_\_\_\_ Dear: \_\_\_\_\_  
 Cover Letter Signer Name \_\_\_\_\_  
 Cover Letter Signer Title \_\_\_\_\_

**Would you like account documentation delivered to you via your secured Access Online account? *For existing online users only.***

☐ Yes



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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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# Client and Account Questionnaire

## Additional Features

### Features

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Direct Deposit (government checks only) | <input type="checkbox"/> Mail Dividends/Interest | <input type="checkbox"/> Online Account Access |
| <input type="checkbox"/> Periodic Deposits/Withdrawals to/from   | <input type="checkbox"/> Fee Based               | <input type="checkbox"/> Debit Card            |
| <input type="checkbox"/> Reinvest Stock Dividends                | <input type="checkbox"/> Checkwriting            |  |
| <input type="checkbox"/> IRA Distribution/Contributions          | <input type="checkbox"/> Margin                  |  |

### If Checkwriting option is selected please complete fields:

Name to be printed on checks: \_\_\_\_\_

Check Quantity: ☐ 40 Starter Pack ☐ 120 Pack

Mailing Options: ☐ Bulk/Regular ☐ First Class Mail ☐ 2-Day Rush Delivery

### If Debit Card option is selected please complete fields:

Number of Cards: \_\_\_\_\_

Name on Debit Card 1: \_\_\_\_\_

Name on Debit Card 2: \_\_\_\_\_

Mailing Options: ☐ First Class Mail ☐ 2-Day Rush Delivery

### Bank Account Transfer Instructions – Please note that a signed form and/or additional documentation may be required.

Routing Number \_\_\_\_\_

Bank Account \_\_\_\_\_

Name on Account \_\_\_\_\_

☐ Checking ☐ Savings

### Advisory Account:

☐ Yes ☐ No If "Yes," choose one of the following products below and complete the appropriate supplemental form if required.

Estimated value of account: \_\_\_\_\_

Does client want to receive and vote proxies? ☐ Yes ☐ No

Flat fee (if tiered, please use supplemental form): \_\_\_\_\_%

### FA Directed:

☐ PIM\* ☐ Fundamental Choice ☐ Quantitative Choice\*\*

\*If PIM, type of managed portfolio (Ex: Global Balanced)

\*\*If Quantitative Choice, portfolio type (Core, Growth, or Value):

### ETF and Client Directed:

☐ Asset Advisor\* \_\_\_\_\_

\*Will the client purchase a Variable Annuity prior to account inception?

☐ Yes ☐ No

\*Incept immediately or delay inception (1-15)? \_\_\_\_\_

☐ Allocation Advisors \*\*

\*\*Provide Manager name (Ex: CAAP Plus) \_\_\_\_\_

\*\*Provide Style (Ex: Moderate Growth) \_\_\_\_\_

### Separately Managed:

☐ Masters: Manager Name: \_\_\_\_\_

Style/Product: \_\_\_\_\_

☐ Private Advisors Network: Manager Name \_\_\_\_\_

On the cleared list? ☐ Yes ☐ No Style/Product \_\_\_\_\_

☐ Compass Portfolio Selection: \_\_\_\_\_

☐ Customized Portfolios (please complete the supplemental form)

☐ DMA (please complete the supplemental form)

### Mutual Funds:

☐ FundSource: Optimal or Custom Blend \_\_\_\_\_

If Optimal, choose portfolio (Ex: Moderate Growth) \_\_\_\_\_

### Rebalance Frequency (Annually, Semi-annually, Quarterly)

\_\_\_\_\_  
(If Custom, please complete the supplemental form)

☐ Custom Choice

Custom model or My Models (see note below): \_\_\_\_\_

Custom models: You will populate the list of symbols, tickers, or CUSIPs and assign a target % to each one, equal 100%.

My Models: You may select a model you have already built in SmartStation. If you click the My Models button, a drop down will appear and you may choose the one you desire. Using My Model may prohibit account opening via Name on upload, since only the FA has access to his/her models.

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

## Client and Account Questionnaire

### Fee Schedule

Unless indicated below, you authorize WFAFN to debit fees for these services from this Account.

Asset Type	Standard Fee*	Contracted Fee*
Equity Security	3.00%	%
Mutual Funds/Alternative Investments	3.00%	%
Fixed Income	3.00%	%
Cash	3.00%	%
Variable Annuity	1.50%	%

\*Annualized. If no Contracted Fee is indicated, the Standard Fee applies.

### Trusted Contact Information

Account Owner/Authorized Party (Individual, Trustee, Custodian)

Name of Trusted Contact

Relationship (e.g., spouse, child, lawyer, accountant, etc.)

Trusted Contact Phone

Email

Address

City

State

ZIP/Postal Code

Country

Account Owner/Authorized Party (Individual, Trustee, Custodian)

Name of Trusted Contact

Relationship (e.g., spouse, child, lawyer, accountant, etc.)

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