

Personal Profile (please complete one per account holder)

General Information:

Full Name: _____
 Social Security #: _____
 Date of Birth: _____
 U.S. Citizen: Yes No
 Home Address *no PO boxes please* (Street, City, State, Zip): _____

 Mailing Address (Street, City, State, Zip): _____

 Home Phone: _____
 Cell Phone: _____
 Fax Number: _____
 E-mail Address: _____

Please attach a copy

Identification Type (circle one):
 Passport US Drivers License US Gov't Issued ID
 Identification Number: _____
 Place of Issuance: _____
 Issue Date: _____ Expiration Date: _____

Family Profile (circle one) :

 Single Married Divorced Widowed
 # of Dependents _____

Employment Status (circle one):

 Employed Not Employed Retired Self Employed Student
 Present or Last
 Employer: _____
 Title: _____ Employed Since: _____
 Work Address (Street, City, State, Zip): _____

 Work Fax Number: _____
 Work Phone/ Ext: _____
 Work Email Address: _____

Preferred Method of Contact:: Email Phone Letter

Preferred Address of Correspondence: Home Business

Primary Beneficiary:

(Required if you have a retirement account)

Share %	Name	DOB	SSN	Relation

Contingent Beneficiary:

(Please complete if you have a retirement account)

Share %	Name	DOB	SSN	Relation

Have you ever invested in the following, and if so, what was the first year?

- Stocks _____
- Bonds _____
- Commodities _____
- Options _____

Primary Source of Income:

- Investments
- Compensation
- Retirement
- Other, Specify _____

Are you retired now? If no, what is your projected retirement year:

- Yes
- No _____

Specify any publicly traded company of which you are a director, 10% shareholder or officer: _____

Specify any security firms with which you are affiliated: _____

Specify any securities/investments restrictions and/or objections (eg. tobacco): _____

Account Services (Check all that apply)

- Checks
- Cards
- Options*
- EFT* (to outside bank)
- Margin

Account References:

Accountant: _____
 Accounts at other Firms: _____
 Attorney: _____

*Requires separate form

Investment Profile (please complete one per account holder)

The investment I am considering represents the following share of my total net worth:

- 70-100%
- 35-70%
- Below 35%

In how many years do you expect to start spending invested funds?

- 1-5 years
- 6-15 years
- 16-25 or more

I do foresee major expenses that may cause me to withdraw funds before set timeline:

- Agree
- Neutral
- Disagree

My investment experience is:

- Novice
- Moderate
- Sophisticated

On a \$10,000 portfolio, I'd feel most comfortable with the following range of values over one year:

- \$9,500 - \$10,500
- \$8,500 - \$11,500
- \$7,000 - \$13,000

My primary goal for the investment is:

- Capital Preservation
- Modest Appreciation
- Aggressive Growth

Estimated Tax Bracket: % _____

Estimated Total Annual Income:

- ___ \$ 0 – 25,000
- ___ \$ 50,000 – 100,000
- ___ \$ 100,000 – 200,000
- ___ \$ 200,000 – 300,000
- ___ \$ 300,000 – 400,000
- ___ \$ 400,000 – 600,000
- ___ \$ 600,000 – 1,000,000
- ___ \$ 1,000,000 – 2,000,000
- ___ \$ 2,000,000 – 5,000,000
- ___ Over \$5,000,000

Estimated Liquid Net Worth:

- ___ \$ 0 – 25,000
- ___ \$ 50,000 – 100,000
- ___ \$ 100,000 – 200,000
- ___ \$ 200,000 – 300,000
- ___ \$ 300,000 – 400,000
- ___ \$ 400,000 – 600,000
- ___ \$ 600,000 – 1,000,000
- ___ \$ 1,000,000 – 2,000,000
- ___ \$ 2,000,000 – 5,000,000
- ___ Over \$5,000,000

Estimated Total Net Worth:

- ___ \$ 0 – 25,000
- ___ \$ 50,000 – 100,000
- ___ \$ 100,000 – 200,000
- ___ \$ 200,000 – 300,000
- ___ \$ 300,000 – 400,000
- ___ \$ 400,000 – 600,000
- ___ \$ 600,000 – 1,000,000
- ___ \$ 1,000,000 – 2,000,000
- ___ \$ 2,000,000 – 5,000,000
- ___ Over \$5,000,000

Other**Trust Information:***(Please complete for each trust)*

Registration/ Type of Trust	
Trust Name	
Date of Trust	
Trust Tax ID Number	
By Whom is it Revocable	
Trustor/Grantor/Settlor Name	
Trust is governed by the laws of the state of	
Trust Beneficiary	
Additional Trust Beneficiary	
Has the Original Trust Agreement been Amended or Restated? (If yes, please list date(s).)	

Minor Information:*(Please complete if you have dependants, 529 account(s), or custodial account(s))*

Full Name			
Date of Birth			
Social Security #			
Relationship			
Dependant of			