

▶ Indicates a required field

Advisor Number: _____

1. Client Information

▶ Social Security Number: _____

▶ First Name: _____ Middle Name: _____ ▶ Last Name: _____

▶ Gender: M F ▶ Date of Birth: ____/____/____ Client Deceased? Yes No

▶ Marital Status: Married Single Widowed Number of Dependents: _____

▶ Walk-In Client? Yes No Known Rep Since (YYYY): _____

▶ Is the client, or does the client represent:

- ▶ a Private Bank? Yes No
- ▶ a Foreign Bank? Yes No
- ▶ the US Central Bank? Yes No
- ▶ a Senior Foreign Official? Yes No

If YES to any of the previous questions, the following information is required:

First Name: _____ Last Name: _____

Office Name: _____ Office Country: _____

Please note that accounts cannot be opened for a Senior Foreign Official.

▶ Is the client, client's family member or other person who shares the client's household a government official* (GO)?

Yes No **If YES, the following information is required:**

Name of Government Official: _____

Relationship to client: Self Spouse Parent Sibling

Child Other: _____

Government Jurisdiction: City County State Federal Other: _____

Branch/Office Held: _____

Position Title: _____

*A Government Official may be any of the following or similar, using the broadest interpretation:

- An officer, employee, agent, or other individual, regardless of rank or title, acting in an official capacity for or on behalf of any government (e.g., an official advisor to the government), its departments, agencies, or instrumentalities, including government- or state-owned or controlled entities (e.g., national oil company, state-run utility, public hospital, sovereign wealth fund);
- For purposes of the Policy only, an entity is "owned" or "controlled" by the government if:
 - The government owns more than 50% of the entity; or
 - The government exercises control over the entity (e.g., control in fact, veto rights)
- An officer, employee, agent, or other individual, regardless of rank or title, acting in an official capacity for or on behalf of a public international Organization (e.g., the World Bank or the United Nations);
- A member of the royal or ruling family of a country;
- Any political party, officer, employee, or agent of a political party, or party official; or
- Any candidate for political office

Client Application – Natural Person

2. Citizenship and Legal Information

▶ Citizenship:

US Citizen

State of Residence: _____

US Citizen Living Abroad

Resident Alien

Citizen of which country? _____

Full Time Resident of the US? Yes No

▶ Met Client in Person and Picture ID? Yes No

▶ ID Type: Driver's License US/State ID Card Military ID Card Passport Green Card

▶ Issuing State: _____

▶ ID Number: _____

▶ Issuing Country: _____

▶ Date of Issue: ____/____/____

▶ Expiration Date: ____/____/____

▶ **Non-Documentary Verification** (For Branch Use Only)

Contacted Client

Checked References w/Employer

Financial Statement

Independently Verified Identity

Property Tax Bill

Utility/Phone Bill

Reverse Phone Directory

Date of Verification: ____/____/____

▶ Verification Number: _____

Contact Name: _____

3. Employment

▶ Employment Status: Employed Self-Employed Unemployed Home-Based Student Retired

If the client's Employment Status is "Employed" or "Self-Employed," the Employment Details below are required.

▶ Employment Details:

▶ Occupation: _____

▶ Industry: _____

▶ Employer Name: _____

Employed Since (YYYY): _____

▶ Country: _____

▶ Address Line 1: _____

▶ Address Line 2: _____

▶ Address Line 3: _____

▶ City: _____ State: _____ Zip Code: _____

4. Contact Information

▶ Legal Address:

▶ Country: _____

▶ Mailing Address

Same as Legal Address

Seasonal Address:

P.O. Box

▶ Phone Check one box to indicate Primary Phone

Home: _____ Cell: _____ Seasonal: _____

Business: _____ Fax: _____ Voicemail: _____

Business E-mail Address: _____

Personal E-mail Address: _____

Client Application – Natural Person

5. Affiliations Refers to the Authorized Party

▶ Is this client an affiliate or related to an affiliate of the parent company of this BD? Yes No
 If Yes: ▶ Affiliation Type: Registered Rep of BD Employee of BD Related to Affiliate Other Affiliation

▶ Does this client have any affiliation with the securities industry? Yes No

▶ Is this client employed by a member firm of a stock exchange or other securities broker or dealer? Yes No
 If Yes: ▶ Institution Name: _____ ▶ Prior Consent Obtained? Yes No

▶ Is this client related to an affiliate or employee of another broker dealer? Yes No

▶ Is this client a director, senior officer, or controlling person of a publicly traded company? Yes No
 If Yes: ▶ Company Name: _____

6. Financial Profile

▶ Annual Income: _____ ▶ Net Worth: _____ ▶ Liquid Net Worth: _____

▶ Federal Tax Bracket: 0% - 15% 16% - 28% 29% - 33% 34% - 39% Over 40%

▶ Annual Expenses*: \$0 – 25,000 \$25,001 – 50,000 \$50,001 – 75,000 \$75,001 – 100,000
 \$100,001 – 250,000 \$250,001 – 500,000 Over \$500,000

**Annual Expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.*

▶ Special Expenses**: \$0 – 25,000 \$25,001 – 50,000 \$50,001 – 75,000 \$75,001 – 100,000
 \$100,001 – 250,000 \$250,001 – 500,000 Over \$500,000

***Special Expenses might include a down payment for a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.*

▶ If the client has any Special Expenses (above), please indicate the time frame for the expenses:
 N/A Within 2 years 3 – 5 years 6 – 10 years Over 10 years

7. Investment Profile

▶ Prior Investment Experience? Yes No

For each type of investment product listed below, indicate **a)** the number of years of experience that the client has with the product type, **b)** if the client currently holds assets of that type at another broker dealer, and **c)** if yes, indicate the approximate value of those assets.

Years of Experience – Product Type	Are there currently assets being held at another broker dealer?		Approximate value of assets held at the other broker dealer
▶ _____ Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Managed Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Alternative Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Options	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Employer Sponsored Plan (e.g., 401(k), pension)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00

Client Application – Natural Person

8. Related Parties

Relationship:

- Spouse* Child Parent
 Sibling Grandparent Grandchild
 Other: _____

- ▶ Tax ID Number: _____
 ▶ Name: _____
 ▶ Date of Birth: ____ / ____ / ____
 ▶ State of Residence: _____

Relationship:

- Spouse* Child Parent
 Sibling Grandparent Grandchild
 Other: _____

- ▶ Tax ID Number: _____
 ▶ Name: _____
 ▶ Date of Birth: ____ / ____ / ____
 ▶ State of Residence: _____

***Note:** Joint Owners must complete a full Client Application

9. Authorized Parties

Authorized Party #1

- ▶ Authorized Party Type: Trustee Authorized Party Executor Beneficiary (TOD accounts only)
 Guardian Conservator Power of Attorney

▶ Known Rep Since (YYYY): _____

▶ First Name: _____ Middle Name: _____ ▶ Last Name: _____

▶ Tax ID: _____ Date of Birth: ____ / ____ / ____

▶ Address Line 1: _____ Line 2: _____ Line 3: _____

▶ City: _____ State: _____ Zip Code: _____

Authorized Party #2

- ▶ Authorized Party Type: Trustee Authorized Party Executor Beneficiary (TOD accounts only)
 Guardian Conservator Power of Attorney

▶ Known Rep Since (YYYY): _____

▶ First Name: _____ Middle Name: _____ ▶ Last Name: _____

▶ Tax ID: _____ Date of Birth: ____ / ____ / ____

▶ Address Line 1: _____ Line 2: _____ Line 3: _____

▶ City: _____ State: _____ Zip Code: _____