

CLIENT PROFILE**ACCOUNT HOLDER INFORMATION**

First Name _____ MIDDLE NAME/INITIAL _____ Last Name _____ US Citizen? ☐ Yes ☐ No

Address _____ City _____ State _____ Zip _____

SSN _____ Date of Birth _____ Gender: ☐ M ☐ F Married: ☐ Yes ☐ No

Email Address _____ Home # _____ Cell # _____

Employment Status ☐ Employed ☐ Unemployed ☐ Retired (If retired, list former occupation) _____

Occupation _____ Industry _____ Work # _____

Employer Name _____ Employer Address _____

JOINT OWNER/SPOUSE INFORMATION

First Name _____ MIDDLE NAME/INITIAL _____ Last Name _____ US Citizen? ☐ Yes ☐ No

Address _____ City _____ State _____ Zip _____

SSN _____ Date of Birth _____ Gender: ☐ M ☐ F Married: ☐ Yes ☐ No

Email Address _____ Home # _____ Cell # _____

Employment Status ☐ Employed ☐ Unemployed ☐ Retired (If retired, list former occupation) _____

Occupation _____ Industry _____ Work # _____

Employer Name _____ Employer Address _____

FINANCIAL PROFILE & SUITABILITY

A. \$1—\$24,999 B. \$25,000—\$49,999 C. \$50,000—\$99,000 D. \$100,000—\$249,999
E. \$250,000—\$499,999 F. \$500,000—\$749,999 G. \$750,000—\$999,999 H. \$1,000,000 & over

Use the above chart and enter the letter that corresponds to the correct range:

Annual Income _____ Net Worth _____ Liquid Net Worth _____

Specify the Account Holder's source of wealth and income (e.g. Inheritance, Employment compensation, real estate, etc.) _____

Federal Income Tax Bracket ☐ 0% ☐ 10% ☐ 12% ☐ 21% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37%

Net Worth Composition (%) - Provide % of assets (must equal 100%)

Checking/Savings _____ Mutual Funds _____ Equities/Stocks _____ Bonds _____
Insurance _____ Annuities _____ Alternative Inv. _____ Real Estate _____
Other _____ > Please explain _____

Investment Time Horizon ☐ 1-3 years ☐ 3-5 years ☐ 5-10 years ☐ 10+ years

Are there liquidity needs from this/these accounts? ☐ Yes ☐ No

If yes, when will funds be needed? ☐ 0-3 years ☐ More than 3 years \$ Amount needed _____

Investment Experience (# of years)

Annuities _____ Mutual Funds _____ Partnerships _____ Margins _____ Stocks _____
Bonds _____ Options _____ Other _____ > _____

BENEFICIARY/TRUSTED CONTACT INFORMATION

| | | | | |
|------------|--------------------|-----------|-----------|---------|
| Name _____ | Relationship _____ | SSN _____ | DOB _____ | % _____ |
| Name _____ | Relationship _____ | SSN _____ | DOB _____ | % _____ |
| Name _____ | Relationship _____ | SSN _____ | DOB _____ | % _____ |
| Name _____ | Relationship _____ | SSN _____ | DOB _____ | % _____ |

Trusted Contact Name _____ Relationship _____ Phone _____
Address _____ Email _____

DEFAULTS

Aside from the information you provide below, there are additional questions and information which need to be provided, related to your overall book of business. Below, please see our defaults within the new account opening tool below in bold, and indicate if you have an alternate preference.

Alternate defaults should be listed below. Alternations for a specific account should be noted by the account information. *Please ASK if you need clarity on any defaults below.*

Cost Basis / Dividends:

Cost Basis reporting on LPL Statement (Retirement Accounts)?

Cost Basis reporting on LPL Statement (Non-Retirement Accounts)?

Reinvest ALL eligible equities and closed end mutual funds?

Advisory Options: SAM, SAM II, MWP, GWP, OMP, Manager Select, PWP (reference LPL Financial Fee-Based Investment Platforms Grid for details)

Default Advisory Program (for this client):

Minimum Account Sizes: SAM/SAM II = \$25,000, GWP = \$5,000,
OMP = \$10,000, MWP = (vary), PWP = \$250,000

Small Account Fee responsibility:

(Accounts under \$100,000 will be charged \$10 quarterly)

Fee & Statement Cycle: The default is the cycle starting on the first of the month following the date the account is opened. To spread out your commissions, you may select a specific cycle (indicate for each account). Managed Accounts ie. MAS, SMA, OMP, MWP can NOT be changed from Cycle 3.

☐ 1 Jan, Apr, Jul, Oct

☐ 2 Feb, May, Aug, Nov

☐ 3 Mar, Jun, Sep, Dec

Account View & Paperless

Emails that are sent out for Account View will expire 24 hours after they are sent, however the paperless options still remain. If you have some clients who may prefer paper we recommend doing paper by default to all and setting up Account View for your clients as they may request after transition.

Billing:

Best interest:

PLEASE PROVIDE COPIES OF CLIENT STATEMENTS WHENEVER POSSIBLE

ACCOUNTS TO BE OPENED

1 Account Owner (Name) _____

Type of Account: ☐ Brokerage ☐ Advisory Fee _____ ☐ Direct Business Carrier _____

SAM, SAM II, MWP, OMP, Mgr. Sel., PWP

Account Type: ☐ IRA ☐ Individual ☐ Joint ☐ Employer Sponsored Plan

Registration Type: ☐ Trad IRA ☐ ROTH IRA ☐ Individual ☐ 529 ☐ Other _____

Investment Objective: ☐ Income w/Capital Preservation ☐ Income w/Moderate Growth

☐ Growth w/Income ☐ Growth ☐ Aggressive Growth

Approximate Value: \$ _____ **Funding Source:** ☐ ACAT ☐ B/D Change

Account/Contract #: _____

Delivery Method: ☐ eSign ☐ Overnight ☐ In Person

Existing Distributions ☐ No ☐ Yes > Details _____

Notes:

2 Account Owner (Name) _____

Type of Account: ☐ Brokerage ☐ Advisory Fee _____ ☐ Direct Business Carrier _____

SAM, SAM II, MWP, OMP, Mgr. Sel., PWP

Account Type: ☐ IRA ☐ Individual ☐ Joint ☐ Employer Sponsored Plan

Registration Type: ☐ Trad IRA ☐ ROTH IRA ☐ Individual ☐ 529 ☐ Other _____

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Approximate Value: \$ _____ **Funding Source:** ☐ ACAT ☐ B/D Change

Account/Contract #: _____

Delivery Method: ☐ eSign ☐ Overnight ☐ In Person

Existing Distributions ☐ No ☐ Yes > Details _____

Notes:

3 Account Owner (Name) _____

Type of Account: ☐ Brokerage ☐ Advisory Fee _____ ☐ Direct Business Carrier _____
SAM, SAM II, MWP, OMP, Mgr. Sel., PWP

Account Type: ☐ IRA ☐ Individual ☐ Joint ☐ Employer Sponsored Plan

Registration Type: ☐ Trad IRA ☐ ROTH IRA ☐ Individual ☐ 529 ☐ Other _____

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Account/Contract #: _____

Delivery Method: ☐ eSign ☐ Overnight ☐ In Person

Existing Distributions ☐ No ☐ Yes > Details _____

Notes:

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SAM, SAM II, MWP, OMP, Mgr. Sel., PWP

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Notes:

5 Account Owner (Name) _____

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Approximate Value: \$ _____ Funding Source: ☐ ACAT ☐ B/D Change
Account/Contract #: _____

Delivery Method: ☐ eSign ☐ Overnight ☐ In Person

Existing Distributions ☐ No ☐ Yes > Details _____

Notes:

Additional Comments: