

CLIENT PROFILE FORM

Rep ID: Household: Forms delivered via:

PERSONAL	INFORMATION	1	ACCOUNT HOL	LDER 1		ACCOUNT H	OLDER 2	
	First Nam	e						
	Middle Nam	e						
	Last Nam							
Alia	ises (Ex: James, Jin							
	Marital Statu							
	Date of Bin							
	SS							
	Legal Address Line							
	Legal Address Line							
	Legal Ci							Ave 41
	Legal Sta							Are the address
	Legal Z							for Accou
	dress same as Lega							Holder
	lailing Address Line							the sai
Λ	lailing Address Line							Accou Holder
	Mailing Cit							Holder
	Mailing Sta							
	Mailing Z							
	Home Phon							
	Mobile Phor							
	Work Phor							
	Email Addres							
Trus	ted Contact (optiona							
	Power of Attorn	ey						
**Trusted Con	tact requires relationsh	ip to the owner ar	nd one of the followin	ng – phone number, ε	email or address	5		
455/2/01/4								
ADDITIONA	L INFORMATION		ACCOUNT HO	LDER 1		ACCOUNT H	OLDER 2	
	Employment Statu							
	Employment Indust							
	Occupatio							
	Employer Nam							
**If retired, or	ly previous industry an	d previous occupa	ation are required					
			ISINESS / ENT	TTY / TRUST 1	В	BUSINESS / EN	ITITY / TRU	ST 2
	ess/Entity/Trust Nam							
	Entity/Trust SSN/TI							
	t Under SSN or TIN	12						
	ocable or Irrevocab	le						
Est b	rocable or Irrevocable by Agreement or Will	le !?						
Est b	ocable or Irrevocab y Agreement or Wil ate Trust Establishe	le !? ed						
Est b D	ocable or Irrevocably Agreement or Will ate Trust Establishe State of Formatio	le						
Est b D	ocable or Irrevocab y Agreement or Wil ate Trust Establishe	le						
Est b D	ocable or Irrevocably Agreement or Will ate Trust Establishe State of Formatio	le						
Est b D	ocable or Irrevocab y Agreement or Will ate Trust Establishe State of Formatio n Address (if differen	de d	MINOR INFOR	MATION 1		MINOR INFO	DRMATION	2
Est b D	ocable or Irrevocab. y Agreement or Wil. ate Trust Establishe State of Formatio Address (if differen First Nam	de d	MINOR INFOR	MATION 1		MINOR INFO	DRMATION	2
Est b D	ocable or Irrevocab. y Agreement or Wil. ate Trust Establishe State of Formatio y Address (if differen First Nam Middle Nam	de d	MINOR INFOR	MATION 1		MINOR INFO	DRMATION	2
Est b D Mailing	ocable or Irrevocab y Agreement or Will ate Trust Establishe State of Formatio y Address (if differen First Nam Middle Nam Last Nam	de d	MINOR INFOR	MATION 1		MINOR INFO	DRMATION	2
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Est b D Mailing Alia Lis	ocable or Irrevocably Agreement or Williate Trust Establisher State of Formation Address (if different Middle Nambers (Ex. James, Jin Gende Date of Bin SS at address if different dent's experience (# of years).	de d	ANCIAL INFORwing asset class: Margin Other (must	RIMATION & SUIT	ate the <u>percenta</u>	ge of net worth in e Equities/Stocks Alternative	ach asset class Bonds	
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Est b D Mailing Alia Lis Indicate the <u>clia</u>	ocable or Irrevocably Agreement or Will ate Trust Establisher State of Formation Address (if different Middle Name Last Name Sees (Ex. James, Jin Gende Date of Bin SS at address if different Middle Name Sees (Ex. James, Jin Gende Object of Bin SS and Middle Name Sees (Ex. James, Jin Gende Object of Bin SS and Middle Name Sees (Ex. James, Jin Gende Object of Bin SS and Middle Name Sees (Ex. James, Jin Gende Object of Middle Na	le l	ANCIAL INFOR wing asset class: Margin Other (must describe asset)	RMATION & SUIT Indice Checking/Savings	ate the <u>percenta</u> Mutual Funds	ge of net worth in e Equities/Stocks Alternative	ach asset class Bonds	:: Insurance

What is your investment time horizon for this account? If you have liquidity needs from the funds in this account, which account type will it be, approximate dollar amount, and when do you need these funds?

Liquid Net Worth

Tax Bracket

Net Worth

Annual Income



CLIENT PROFILE FORM

LIST THE DESIRED BENEFICIARIES FOR ACCOUNT HOLDER 1

Beneficiary 1							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary or Contingent?	Percentage
Beneficiary 2							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary or Contingent?	Percentage
			Bene	eficiary 3			
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary or Contingent?	Percentage
Beneficiary 4							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary or Contingent?	Percentage

^{**}DOB and SSN are optional for beneficiaries

Check here to auto-fill the beneficiaries for Account Holder 2 with the same information as Account Holder 1

LIST THE DESIRED BENEFECIARIES FOR ACCOUNT HOLDER 2

	Beneficiary 1							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary or Contingent?	Percentage	
	Beneficiary 2							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary or Contingent?	Percentage	
			Bene	eficiary 3				
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary or Contingent?	Percentage	
	Beneficiary 4							
First Name/Entity	Middle Name	Last Name	DOB**	SSN/TIN**	Relationship	Primary or Contingent?	Percentage	

^{**}DOB and SSN are optional for beneficiaries

	Move Money Instructions 1								
Bank Name	Bank Account Name	Bank Account Number	Bank Routing Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	fax holding State	Duplicate On Demand Instructions?
			Move I	Money Instruction	ns 2				1
Bank Name	Bank Account Name	Bank Account Number	Bank Routing Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax holding I State	Duplicate On Demand Instructions?
									1
			Move I	Money Instruction	ns 3				
Bank Name	Bank Account Name	Bank Account Number	Bank Routing Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax holding I State	Duplicate On Demand Instructions?

^{**}Not available in OMP, MWP and PWP: Weekly, biweekly, bimonthly, semimonthly, monthly (last day of the month) frequencies



ACCOUNT OPENING WORKSHEET

	Account 1	Account 2	Account 3	Account 4	Account 5	Account 6	Account 7
Account Registration							
Registration Type							
Program Type							
Prior Account Number							
Investment Objective							
Advisory Fee							
Manager (if applicable)							
Strategy (if applicable)							
Discretion							
Account Value							
Primary Account Holder							
Secondary Account Holder							
Move Money							

Additional Features

Feature	Yes or No	Which Account(s)							
Account View? (Client Online Access)		AII	1	2	3	4	5	6	7
Account View 3rd Party Profile? (profile will be AV 1.0)		AII	1	2	3	4	5	6	7
Margin?		AII	1	2	3	4	5	6	7
Options?		AII	1	2	3	4	5	6	7
Structured Products?		AII	1	2	3	4	5	6	7
Paperless Prospectus and Statements?		AII	1	2	3	4	5	6	7
Checkwriting? Premier or Premier Plus?		AII	1	2	3	4	5	6	7
Bill Pay? (not eSignature eligible)		AII	1	2	3	4	5	6	7
Duplicate Statements?		AII	1	2	3	4	5	6	7
Power of Attorney?		AII	1	2	3	4	5	6	7
Trading Authorization?		AII	1	2	3	4	5	6	7

^{*}For Duplicate Statements, Power of Attorney and Trading Authorization complete the next page with the required information

Notes



ACCOUNT OPENING WORKSHEET

POA or TRADING AUTHORITY P	ERSONAL INFORMATION	
Select One:		
First Name		
Middle Name		
Last Name		
Date of Birth		
SSN		
Legal Address Line 1		
Legal Address Line 2		
Legal City		
Legal State		
Legal Zip		
Home Phone		
Mobile Phone		
Email Address		

Interested Party Information (Duplicate Statements)

Full Name of Interested Party	
Legal Address Line 1	
Legal Address Line 2	
Legal City Legal State	
Legal Zip	
Duplicate Statements?	
Duplicate Trade Confirmations?	