



Rep ID:  
Household:  
Forms delivered via:

## ACCOUNT HOLDER 2

First Name		
Middle Name		
Last Name		
Aliases (Ex: James, Jim)		
Marital Status		
Date of Birth		
SSN		
Legal Address Line 1		
Legal Address Line 2		
Legal City		
Legal State		
Legal Zip		
Mailing Address same as Legal?		
Mailing Address Line 1		
Mailing Address Line 2		
Mailing City		
Mailing State		
Mailing Zip		
Home Phone		
Mobile Phone		
Work Phone		
Email Address		
Trusted Contact (optional)		
Power of Attorney		

**\*\*Trusted Contact requires relationship to the owner and one of the following – phone number, email or address**

## ACCOUNT HOLDER 2

Employment Status		
Employment Industry		
Occupation		
Employer Name		

**BUSINESS / ENTITY / TRUST 2**

Business/Entity/Trust Name		
Business/Entity/Trust SSN/TIN		
Trust Under SSN or TIN?		
Revocable or Irrevocable		
Est by Agreement or Will?		
Date Trust Established		
State of Formation		
Mailing Address (if different)		

## MINOR INFORMATION 2

First Name		
Middle Name		
Last Name		
Aliases (Ex: James, Jim)		
Gender		
Date of Birth		
SSN		
List address if different?		

Indicate the percentage of net worth in each asset class:

[illegible]

## Client Suitability

Annual Income	Net Worth	Liquid Net Worth	Tax Bracket
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?			

# 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

Beneficiary 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 BENEFICIARIES 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

Beneficiary 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	Tax Withholding Federal	State

Move Money Instructions 2									
Bank Name	Bank Account Name	Bank Account Number	Bank Routing Number	Checking/Savings	Contribution or Distribution	Date of first cont/dist & amount	Frequency	Tax Withholding Federal	State

Move Money Instructions 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 Withholding Federal	State

Duplicate On Demand Instructions?

Duplicate On Demand Instructions?

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)		All	1	2	3	4	5	6	7
Account View 3rd Party Profile? (profile will be AV 1.0)		All	1	2	3	4	5	6	7
Margin?		All	1	2	3	4	5	6	7
Options?		All	1	2	3	4	5	6	7
Structured Products?		All	1	2	3	4	5	6	7
Paperless Prospectus and Statements?		All	1	2	3	4	5	6	7
Checkwriting? Premier or Premier Plus?		All	1	2	3	4	5	6	7
Bill Pay? (not eSignature eligible)		All	1	2	3	4	5	6	7
Duplicate Statements?		All	1	2	3	4	5	6	7
Power of Attorney?		All	1	2	3	4	5	6	7
Trading Authorization?		All	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 PERSONAL 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?		