

Account Information (Internal Use Only)					
Registration(s):		Custodian:		All Accounts:    Yes    No	
Client Information (Client A/Trust/Corporation)					
Name (First, Middle Initial, Last)			SSN/Tax ID		Date of Birth/Date of Trust
Citizenship (US, Resident Alien, Non-Resident Alien)			Marital Status		Number of Dependents
Home Street Address			City	State	Zip
Primary Email Address		Home Telephone Number		Office Telephone Number	
				Mobile Telephone Number	
Occupation			Employer Name		
Employer Street Address			City	State	Zip
Client Information (Client B/Trustee/Authorized Individual)					
Name (First, Middle Initial, Last)			SSN/Tax ID		Date of Birth/Date of Trust
Citizenship (US, Resident Alien, Non-Resident Alien)			Marital Status		Number of Dependents
Home Street Address			City	State	Zip
Primary Email Address		Home Telephone Number		Office Telephone Number	
				Mobile Telephone Number	
Occupation			Employer Name		
Employer Street Address			City	State	Zip
Household/Trust/Corporation Financial Information					
Annual Income		Net Worth (excluding Primary Residence)		Liquid Net Worth	
				Federal Tax Bracket	
Household Investment Information					
<b>Investment Objectives:</b> Please rank at least one objective (1 being most important). Industry regulations require us to obtain this information.					
Preservation of Capital:		Income:		Capital Appreciation:	
				Other (describe):	
<b>Risk Tolerance</b> (Conservative, Moderate, or Aggressive)		<b>General Investment Knowledge</b> (Extensive, Good, or Limited)		<b>Time Horizon</b> (Short 0-5yrs, Intermediate 6-10 yrs, Long +10 yrs)	
<b>Source of Funds</b> (Rollover, Savings, Sale Proceeds, etc.):				Amount:	

My signature below denotes my understanding of and agreement with the information provided on this form. I will notify my investment advisor should any material change occur in my investment objectives and/or financial condition.

Client/Trustee/Authorized Individual Name	Client Signature	Date
Client/Trustee/Authorized Individual Name	Client Signature	Date
Investment Advisor Representative Name	Investment Advisor Representative Signature	Date