

## CLIENT INTAKE FORM

Account Type(s): Individual \_\_\_\_ Joint \_\_\_\_ Trust \_\_\_\_ IRA \_\_\_\_  
SEP IRA \_\_\_\_ Pension Plan \_\_\_\_ 401-k \_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Soc. Sec. Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Driver's License State \_\_\_\_ Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Driver's License State \_\_\_\_ Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Address: (Street Addresses only; no P.O. Boxes)

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address: (if different, P.O. Boxes allowed)

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_.

E-Mail Address: \_\_\_\_\_.

User Name: \_\_\_\_\_.

User Name: \_\_\_\_\_.

Daytime Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Evening Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Daytime Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Evening Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Country of Legal Residence: \_\_\_\_\_

Country of Legal Residence: \_\_\_\_\_

Citizenship: U.S. Citizen \_\_\_ Res. Alien \_\_\_\_\_ Non-Res. Alien \_\_\_\_\_

Citizenship: U.S. Citizen \_\_\_ Res. Alien \_\_\_\_\_ Non-Res. Alien \_\_\_\_\_

### **Employment Status**

Employer Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

## Beneficiary Information

For Qualified Accounts (IRA, SEP-IRA, 401-k, Pension Plan), please provide the following beneficiary information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_

Percentage Allocated: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_

Percentage Allocated: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_

Percentage Allocated: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_

Percentage Allocated: \_\_\_\_\_