

▶ Indicates a required field

Advisor Number: \_\_\_\_\_

## 1. Client Information

▶ Social Security Number: \_\_\_\_\_

▶ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ ▶ Last Name: \_\_\_\_\_

▶ Gender:  M  F ▶ Date of Birth: \_\_\_\_\_ Client Deceased?  Yes  No

▶ Marital Status:  Married  Single  Widowed Number of Dependents: \_\_\_\_\_

▶ Walk-In Client?  Yes  No Known Rep Since (YYYY): \_\_\_\_\_

▶ Is the client, or does the client represent:

- ▶ a Private Bank?  Yes  No
- ▶ a Foreign Bank?  Yes  No
- ▶ the US Central Bank?  Yes  No
- ▶ a Senior Foreign Official?  Yes  No

**If YES to any of the previous questions, the following information is required:**

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

Office Name: \_\_\_\_\_ Office Country: \_\_\_\_\_

**Please note that accounts cannot be opened for a Senior Foreign Official.**

▶ Is the client, client's family member or other person who shares the client's household a government official\* (GO)?

Yes  No **If YES, the following information is required:**

Name of Government Official: \_\_\_\_\_

Relationship to client:  Self  Spouse  Parent  Sibling

Child  Other: \_\_\_\_\_

Government Jurisdiction:  City  County  State  Federal  Other: \_\_\_\_\_

Branch/Office Held: \_\_\_\_\_

Position Title: \_\_\_\_\_

\*A Government Official may be any of the following or similar, using the broadest interpretation:

- An officer, employee, agent, or other individual, regardless of rank or title, acting in an official capacity for or on behalf of any government (e.g., an official advisor to the government), its departments, agencies, or instrumentalities, including government- or state-owned or controlled entities (e.g., national oil company, state-run utility, public hospital, sovereign wealth fund);
- For purposes of the Policy only, an entity is "owned" or "controlled" by the government if:
  - The government owns more than 50% of the entity; or
  - The government exercises control over the entity (e.g., control in fact, veto rights)
- An officer, employee, agent, or other individual, regardless of rank or title, acting in an official capacity for or on behalf of a public international Organization (e.g., the World Bank or the United Nations);
- A member of the royal or ruling family of a country;
- Any political party, officer, employee, or agent of a political party, or party official; or
- Any candidate for political office

# Client Application – Natural Person

## 2. Citizenship and Legal Information

▶ Citizenship:

US Citizen

State of Residence: \_\_\_\_\_

US Citizen Living Abroad

Resident Alien

Citizen of which country? \_\_\_\_\_

Full Time Resident of the US?  Yes  No

▶ Met Client in Person and Picture ID?  Yes  No

▶ ID Type:  Driver's License  US/State ID Card  Military ID Card  Passport  Green Card

▶ Issuing State: \_\_\_\_\_

▶ ID Number: \_\_\_\_\_

▶ Issuing Country: \_\_\_\_\_

▶ Date of Issue: \_\_\_\_\_

▶ Expiration Date: \_\_\_\_\_

▶ **Non-Documentary Verification** (For Branch Use Only)

Contacted Client

Checked References w/Employer

Financial Statement

Independently Verified Identity

Property Tax Bill

Utility/Phone Bill

Reverse Phone Directory

Date of Verification: \_\_\_\_\_

▶ Verification Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

## 3. Employment

▶ Employment Status:  Employed  Self-Employed  Unemployed  Home-Based  Student  Retired

*If the client's Employment Status is "Employed" or "Self-Employed," the Employment Details below are required.*

▶ Employment Details:

▶ Occupation: \_\_\_\_\_

▶ Industry: \_\_\_\_\_

▶ Employer Name: \_\_\_\_\_

Employed Since (YYYY): \_\_\_\_\_

▶ Country: \_\_\_\_\_

▶ Address Line 1: \_\_\_\_\_

▶ Address Line 2: \_\_\_\_\_

▶ Address Line 3: \_\_\_\_\_

▶ City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## 4. Contact Information

▶ Legal Address:

\_\_\_\_\_  
\_\_\_\_\_  
▶ Country: \_\_\_\_\_

▶ Mailing Address

Same as Legal Address

\_\_\_\_\_  
\_\_\_\_\_

Seasonal Address:

\_\_\_\_\_  
\_\_\_\_\_

P.O. Box

\_\_\_\_\_  
\_\_\_\_\_

▶ Phone  Check one box to indicate Primary Phone

Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Seasonal: \_\_\_\_\_

Business: \_\_\_\_\_  Fax: \_\_\_\_\_  Voicemail: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

# Client Application – Natural Person

## 5. Affiliations Refers to the Authorized Party

▶ Is this client an affiliate or related to an affiliate of the parent company of this BD?  Yes  No  
 If Yes: ▶ Affiliation Type:  Registered Rep of BD  Employee of BD  Related to Affiliate  Other Affiliation

▶ Does this client have any affiliation with the securities industry?  Yes  No

▶ Is this client employed by a member firm of a stock exchange or other securities broker or dealer?  Yes  No  
 If Yes: ▶ Institution Name: \_\_\_\_\_ ▶ Prior Consent Obtained?  Yes  No

▶ Is this client related to an affiliate or employee of another broker dealer?  Yes  No

▶ Is this client a director, senior officer, or controlling person of a publicly traded company?  Yes  No  
 If Yes: ▶ Company Name: \_\_\_\_\_

## 6. Financial Profile

▶ Annual Income: \_\_\_\_\_ ▶ Net Worth: \_\_\_\_\_ ▶ Liquid Net Worth: \_\_\_\_\_

▶ Federal Tax Bracket:  0% - 15%  16% - 28%  29% - 33%  34% - 39%  Over 40%

▶ Annual Expenses\*:  \$0 – 25,000  \$25,001 – 50,000  \$50,001 – 75,000  \$75,001 – 100,000  
 \$100,001 – 250,000  \$250,001 – 500,000  Over \$500,000

*\*Annual Expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.*

▶ Special Expenses\*\*:  \$0 – 25,000  \$25,001 – 50,000  \$50,001 – 75,000  \$75,001 – 100,000  
 \$100,001 – 250,000  \$250,001 – 500,000  Over \$500,000

*\*\*Special Expenses might include a down payment for a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.*

▶ If the client has any Special Expenses (above), please indicate the time frame for the expenses:  
 N/A  Within 2 years  3 – 5 years  6 – 10 years  Over 10 years

## 7. Investment Profile

▶ Prior Investment Experience?  Yes  No

For each type of investment product listed below, indicate **a)** the number of years of experience that the client has with the product type, **b)** if the client currently holds assets of that type at another broker dealer, and **c)** if yes, indicate the approximate value of those assets.

Years of Experience – Product Type	Are there currently assets being held at another broker dealer?		Approximate value of assets held at the other broker dealer
▶ _____ Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Managed Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Alternative Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Options	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00
▶ _____ Employer Sponsored Plan (e.g., 401(k), pension)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____ .00

# Client Application – Natural Person

## 8. Related Parties

Relationship:

- Spouse\*       Child       Parent  
 Sibling       Grandparent       Grandchild  
 Other: \_\_\_\_\_

- ▶ Tax ID Number: \_\_\_\_\_  
 ▶ Name: \_\_\_\_\_  
 ▶ Date of Birth: \_\_\_\_\_  
 ▶ State of Residence: \_\_\_\_\_

Relationship:

- Spouse\*       Child       Parent  
 Sibling       Grandparent       Grandchild  
 Other: \_\_\_\_\_

- ▶ Tax ID Number: \_\_\_\_\_  
 ▶ Name: \_\_\_\_\_  
 ▶ Date of Birth: \_\_\_\_\_  
 ▶ State of Residence: \_\_\_\_\_

**\*Note:** Joint Owners must complete a full Client Application

## 9. Authorized Parties

### Authorized Party #1

- ▶ Authorized Party Type:     Trustee       Authorized Party       Executor       Beneficiary (TOD accounts only)  
     Guardian       Conservator       Power of Attorney

▶ Known Rep Since (YYYY): \_\_\_\_\_

▶ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ ▶ Last Name: \_\_\_\_\_

▶ Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

▶ Address Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Line 3: \_\_\_\_\_

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

### Authorized Party #2

- ▶ Authorized Party Type:     Trustee       Authorized Party       Executor       Beneficiary (TOD accounts only)  
     Guardian       Conservator       Power of Attorney

▶ Known Rep Since (YYYY): \_\_\_\_\_

▶ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ ▶ Last Name: \_\_\_\_\_

▶ Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

▶ Address Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_ Line 3: \_\_\_\_\_

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