Reset Form

Client Information Form

Date: ______________________________

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1 Primary Client/Trustee

Full Name: ______________________________ **SSN/TIN:** ____________ **DOB:** ____________

Physical Address: ______________________________ **City:** ________ **State:** ____ **Zip:** ______

Mailing Address: ______________________________ **City:** ________ **State:** ____ **Zip:** ______

Phone: ____________________ **Email:** ______________________________

Marital Status: ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed

Type of ID: ☐ DL ☐ Passport ☐ Military ☐ Other: ________ **Citizenship:** ☐ USA ☐ Other: ________

ID Number: ____________ **Date Issued:** __________ **Place of Issuance:** ________ **Exp. Date:** __________

Employment Status: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Homemaker ☐ Unemployed

Years until Retirement: ________ **Employer Name:** ______________________________

Occupation: ______________________________ **Industry of Occupation:** ______________________________

Employer Address: ______________________________ **City:** ________ **State:** ____ **Zip:** ______

2 Secondary Client/Trustee/Power of Attorney

Full Name: ______________________________ **SSN/TIN:** ____________ **DOB:** ____________

Physical Address: ______________________________ **City:** ________ **State:** ____ **Zip:** ______

Mailing Address: ______________________________ **City:** ________ **State:** ____ **Zip:** ______

Phone: ____________________ **Email:** ______________________________

Marital Status: ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed

Type of ID: ☐ DL ☐ Passport ☐ Military ☐ Other: ________ **Citizenship:** ☐ USA ☐ Other: ________

ID Number: ____________ **Date Issued:** __________ **Place of Issuance:** ________ **Exp. Date:** __________

Employment Status: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Homemaker ☐ Unemployed

Years until Retirement: ________ **Employer Name:** ______________________________

Occupation: ______________________________ **Industry of Occupation:** ______________________________

Employer Address: ______________________________ **City:** ________ **State:** ____ **Zip:** ______

3 Trust Information

Do you have a trust? If yes, please complete the information below. If no, continue to section 4. ☐ Yes ☐ No

Title of Trust: ______________________________ **SSN/EIN:** ____________

Effective Date of Trust: __________ **Latest Date Amended/Reinstated:** __________ ☐ Revocable ☐ Irrevocable

4 Client Profile

Household Information:

Annual Household Income	$ ___________________	Number of Dependents	_________________
Annual Household Expenses	$ ___________________	Income Tax Bracket	_________________
Total Household Debt & Liabilities	$ ___________________	Time Horizon (Years)	_________________
Net Worth	$ ___________________	Liquid Net Worth	$ ________________

**Exclude Primary Residence when calculating Net Worth*

Source(s) of Income: ☐ Salary/Wages ☐ Social Security ☐ Interest Income ☐ Pension/IRA Payments ☐ Dividends ☐ Annuities ☐ Trust Income ☐ Other: ____________________

Liquid Assets		Non-Liquid Assets	
Cash/Checking/Savings/Money Market/CDs		Business Interests	
IRA/Qualified Plan/Pension		IRA/Qualified Plan/Pension	
Stocks/Bonds/ETFs		Real Estate Equity	
Mutual Funds		Real Estate Investment Trust (REIT)	
Annuities (out of surrender term)		Annuities (not out of surrender term)	
		Life Insurance (cash value)	
Other: _____________________		Other: _____________________	
TOTAL Liquid Assets		TOTAL Non-Liquid Assets	

Liquidity Needs: The ability to convert quickly and easily to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is... (check one)

☐ Very Important ☐ Important ☐ Somewhat Important ☐ Does not matter

Investment Objectives: Please select the objective(s) below that best describe your financial goals.

☐ Income/Retirement Income: I have/will have a need for income over time and can withstand potential fluctuations in price/value.

☐ Growth: I seek growth/capital appreciation and can withstand fluctuations in price with a goal of higher account value.

☐ Aggressive Growth/Speculation: I seek rapid growth of capital and can tolerate wide fluctuations in market values.

☐ Tax Advantages: I seek to defer taxes, obtain tax advantaged income, and/or achieve other tax benefits.

☐ Other: ____

Investment Experience (Years): Advisory ________ ETFs ________ Annuities ________ Bonds ________ Stocks ________

Alternative Investments ______ Real Estate _______ Mutual Funds ______ Other ________________________