



Tax • Investments • Insurance

NEW ACCOUNT REGISTRATION GUIDELINE

1. Client Information

First _____ MI _____ Last _____
DOB _____ SOCIAL SECURITY # _____
Drivers License # _____ DL Expiration - _____
Marital Status - _____ Number of Dependent's - _____

ADDRESS

Street _____
PO Box _____ **YOU MAY USE A PO BOX - BUT WE MUST ALSO HAVE A PHYSICAL ADDRESS ON FILE**
City _____ State _____ Zip _____

CONTACT

Home _____ Work _____ Cell _____
Email _____ Email 2 _____

EMPLOYER • Retired: (Must provide information for your last employer) • Unemployed • Homemaker

Name _____ Position/Title _____
Address _____ Yrs at job _____
City _____ State _____ Zip _____

2. Spousal Information

First _____ MI _____ Last _____
DOB _____ SOCIAL SECURITY # _____
Drivers License # _____ DL Expiration - _____

ADDRESS

• CHECK IF SAME AS ABOVE

Street _____
PO Box _____ **YOU MAY USE A PO BOX - BUT WE MUST ALSO HAVE A PHYSICAL ADDRESS ON FILE**
City _____ State _____ Zip _____

CONTACT

Home _____ Work _____ Cell _____
Email _____ Email 2 _____

EMPLOYER • Retired: (Must provide information for your last employer) • Unemployed • Homemaker

Name _____ Position/Title _____
Address _____ Yrs at job _____
City _____ State _____ Zip _____

4. Dependent Information

First _____ MI _____ Last _____
DOB _____ SSN _____ Relationship _____
Address: _____ Phone: _____

First _____ MI _____ Last _____
DOB _____ SSN _____ Relationship _____
Address: _____ Phone: _____

First _____ MI _____ Last _____
DOB _____ SSN _____ Relationship _____
Address: _____ Phone: _____

If you need more spacing for dependent information, please ask for an additional dependent information sheet

****Please complete all applicable fields of this form in order to properly set up your account(s).****



NEW CLIENT DATA SHEET - PAGE 2

4. Beneficiary Information

First _____ MI _____ Last _____
 DOB _____ SSN _____ Relationship _____
 Address: _____ Phone: _____
 • Primary • Contingent Percentage: _____

First _____ MI _____ Last _____
 DOB _____ SSN _____ Relationship _____
 Address: _____ Phone: _____
 • Primary • Contingent Percentage: _____

*If you need more spacing for beneficiary information, please ask for an additional beneficiary information sheet
 NOTICE - If you are married and your spouse is not your beneficiary, your spouse must sign a consent form*

5. Funding of Account:

- Check
- ACH (Need voided check)
- Account Transfer (Need current statement)

6. Bank Instructions: (Need voided check)

• For Automatic Contribution • For Automatic Withdrawal
 Bank Name: _____ Name on Account: _____
 Routing # _____ Account # _____
 Contribution Amount: _____ Net Withdrawal Amount: _____ Tax Withholding % _____

7. Financial Information (Circle one in each section)

NET WORTH EXCLUDING YOUR RESIDENCE
 0 - 49,999 50,000 - 99,999 100,000 - 199,999 200,000 - 499,999 500,000 - 999,999 1,000,000 - 4,999,999 5,000,000 - 9,999,999 >10,000,000

LIQUID NET WORTH
 0 - 49,999 50,000 - 99,999 100,000 - 199,999 200,000 - 499,999 500,000 - 999,999 1,000,000 - 4,999,999 5,000,000 - 9,999,999 >10,000,000

COMBINED ANNUAL INCOME
 0 - 49,999 50,000 - 99,999 100,000 - 199,999 200,000 - 499,999 500,000 - 999,999 1,000,000 - 4,999,999 5,000,000 - 9,999,999 >10,000,000

TOTAL OF ALL INVESTMENTS (HELD AT ANY PLACE, COMBINED)
 0 - 49,999 50,000 - 99,999 100,000 - 199,999 200,000 - 499,999 500,000 - 999,999 1,000,000 - 4,999,999 5,000,000 - 9,999,999 >10,000,000

TAX BRACKET
 10% 15% 25% 28% 33% 35% OTHER - _____

8. Investment Experience (Circle one in each section)

STOCKS -	None	Less Than 5 Years	5-10 Years	Over 10 Years
BONDS -	None	Less Than 5 Years	5-10 Years	Over 10 Years
OPTIONS -	None	Less Than 5 Years	5-10 Years	Over 10 Years
ANNUITIES & LIFE INS -	None	Less Than 5 Years	5-10 Years	Over 10 Years
UITS -	None	Less Than 5 Years	5-10 Years	Over 10 Years
MUTUAL FUNDS -	None	Less Than 5 Years	5-10 Years	Over 10 Years

****Please complete all applicable fields of this form in order to properly set up your account(s).****