

# INTREPID FINANCIAL PLANNING GROUP LLC

9200 Keystone Crossing, Suite 150, Indianapolis, IN 46240 (317) 818-1776 Fax (317) 818-1774

## NEW ACCOUNT FORM

Type of Account:

Individual  IRA  Trust  
 JTWROS  IRA Rollover  401(k)  
 UTMA  IRA Transfer  Other \_\_\_\_\_

Name \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Name \_\_\_\_\_  Minor  Joint Tenant SSN/TIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_  
(CLIENT)

Date of Birth (MM/DD/YY) \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_  
(SPOUSE)

ARE YOU AFFILIATED WITH OR WORK FOR A MEMBER OF A STOCK EXCHANGE, THE NASD, A BANK, TRUST CO. OR INSURANCE CO.?  YES  NO  
ARE YOU A DIRECTOR, A 10% SHAREHOLDER OR A POLICY MAKING EXECUTIVE OFFICER OF A PUBLICLY TRADED COMPANY?  YES  NO  
NAME OF COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_

### FINANCIAL PROFILE: (If UTMA, refer to custodian if minor has none)

**TOTAL NET WORTH** \$ \_\_\_\_\_ Cash In Bank \$ \_\_\_\_\_  
Total Portfolio Value \$ \_\_\_\_\_ Real Estate (NET of Mortgages) \$ \_\_\_\_\_

**Prior Investment Experience:** Started Investing in \_\_\_\_\_ Invested in *Mutual Funds* for \_\_\_\_\_ yrs.  
*Stocks* for \_\_\_\_\_ yrs. *Bonds* for \_\_\_\_\_ yrs. *DPPs* for \_\_\_\_\_ yrs. *Options* for \_\_\_\_\_ yrs. *Margin Accounts* for \_\_\_\_\_ yrs.

Do the assets placed with Intrepid Financial Planning Group LLC represent your entire securities portfolio?  Yes  No  
If No, How much of the total will we be managing? \_\_\_\_\_%

Sources of Income	Salary	Dividends & Interest	Other (specify)	Total Annual Income
Before Taxes:	\$ _____	\$ _____	\$ _____	\$ _____

FOR INSTITUTIONAL OR TRUST ACCOUNTS ONLY Name & Title of Person Authorized to Open Account:  
Name & Title of Person Authorized to Enter Orders:

How was account acquired?  Known Personally  Referral  Solicited  Other \_\_\_\_\_

INVESTMENT OBJECTIVE	RISK TOLERANCE	TAX BRACKET	CITIZENSHIP
Check all that Apply	Check One	Current Yr.	<input type="checkbox"/> US Citizen
1. <input type="checkbox"/> Income	1. <input type="checkbox"/> Conservative	1. <input type="checkbox"/> 0-15%	<input type="checkbox"/> Resident Alien
2. <input type="checkbox"/> Growth & Income	2. <input type="checkbox"/> Moderate	2. <input type="checkbox"/> 16-28%	<input type="checkbox"/> Non-Resident Alien
3. <input type="checkbox"/> Growth	3. <input type="checkbox"/> Aggressive	3. <input type="checkbox"/> 29-33%	_____
4. <input type="checkbox"/> Aggressive Growth		4. <input type="checkbox"/> Other	_____
5. <input type="checkbox"/> Tax Advantaged			Country of Residence _____
Client Initials _____	Client Initials _____		County of Residence _____

(X) \_\_\_\_\_ Date \_\_\_\_\_ (X) \_\_\_\_\_ Date \_\_\_\_\_  
Client Signature Joint Signature (if applicable)

I have reviewed this account for completeness, accuracy and suitability to ensure it meets all requirements.

(X) \_\_\_\_\_ Date \_\_\_\_\_ (X) \_\_\_\_\_ Date \_\_\_\_\_  
IFPG Representative IFPG Manager