

NEW CLIENT INFORMATION

1. CLIENT INFORMATION

First Name:		Middle Name:		Last Name:	
Date of birth:		SSN:		Phone:	
Cell Phone #			Email Address:		
Current address:					
City:		State:		ZIP Code:	
Own Rent (Please circle)		Mother's Maiden Name:			
Driver's License #		Issue Date:		Expiration Date:	
Country of Citizenship					
Education Experience:		High School Graduate		Post Secondary Study	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Post Graduate Study		Advanced Degree		Two – Year Degree	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				College Grad	
				<input type="checkbox"/>	
				Other	
				<input type="checkbox"/>	

Are you, or any member of your immediate family, a director, policy-making officer, or 10% stockholder in any publicly traded company? Yes No If Yes, Indicate Ticker Symbol, Cusip or Name: _____

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		Number of years at job?
City:	State:	ZIP Code:
Position/Title:		
Office Phone:		

2. SPOUSAL INFORMATION

First Name:		Middle Name:		Last Name:	
Date of birth:		SSN:		Phone:	
Cell Phone #			Email Address:		
Current address:					
City:		State:		ZIP Code:	
Own Rent (Please circle)		Mother's Maiden Name:			
Driver's License #		Issue Date:		Expiration Date:	
Country of Citizenship					
Education Experience:		High School Graduate		Post Secondary Study	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Post Graduate Study		Advanced Degree		Two – Year Degree	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				College Grad	
				<input type="checkbox"/>	
				Other	
				<input type="checkbox"/>	

Are you, or any member of your immediate family, a director, policy-making officer, or 10% stockholder in any publicly traded company? Yes No If Yes, Indicate Ticker Symbol, Cusip or Name: _____

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		Number of years at job?
City:	State:	ZIP Code:
Position/Title:		
Office Phone:		

3. DEPENDENT/BENEFICIARY INFORMATION

First Name:		Middle Name:		Last Name:	
Date of birth:		SSN:		Relationship:	

NEW CLIENT INFORMATION

Current Address if different than client:

DEPENDENT/BENEFICIARY INFORMATION (cont)

First Name: Middle Name: Last Name:

Date of birth: SSN: Relationship:

Current Address if different than client:

First Name: Middle Name: Last Name:

Date of birth: SSN: Relationship:

Current Address if different than client:

Add additional sheets if necessary

4. ACCOUNT TYPE

Individual
 Joint
 IRA
 IRA ROLLOVER
 ROTH
 OTHER _____

5. TAX BRACKET

10%
 15%
 25%
 28%
 33%
 35%
 Other _____

6. INVESTMENT OBJECTIVE

Please check one:
 Income
 Growth & Income
 Growth
 Speculation

7. RISK TOLERANCE

Please check one:
 Conservative
 Moderate
 Aggressive

8. INVESTMENT EXPERIENCE (specify years; "0" if none)

Stocks: _____ Bonds: _____ Options: _____ Annuities-Life Insurance: _____ UITs: _____ Mutual Funds: _____

9. FINANCIAL PROFILE

Annual Income (All Sources) (Please select from Table 1):

Net Worth (Excluding Residence) (Please select from Table 1):

Liquid Assets (Please select from Table 1):

Estimated Investment Range: (Please select from Table 2):

Investment Objective (Must correspond to #5 & 6 above) (Please select from Table 3):

Table 1

A - \$0 - \$49,999
 B - \$50,000 - \$99,999
 C - \$100,000 - \$199,999
 D - \$200,000 - \$499,999
 E - \$500,000 - \$999,999
 G - \$1,000,000 - \$4,999,999
 H - \$5,000,000 - \$9,999,999
 I - \$10,000,000 or more

Table 2

A - Less than \$25,000
 B - \$25,000 - \$39,999
 C - \$40,000 - \$49,999
 D - \$50,000 - \$64,999
 E - \$65,000 - \$124,999
 F - Over \$125,000

Table 3

Investment Objective:

A – Income & Conservative
 B – Growth & Income + Conservative
 C – Growth & Moderate
 D – Growth & Income + Moderate
 E – Growth & Long Term
 G – Income & Moderate
 L – Trading & Speculation
 H – Growth & Conservative
 I – Income & Long Term
 K – Growth & Income + Long Term

Joseph M. Sullivan is a Registered Representative. Securities offered through H.D. Vest Investment ServicesSM. Member SIPC. Advisory Services offered through H.D. Vest Advisory ServicesSM.

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