



New Client Information Sheet

To establish a new brokerage account with Fidelity – National Financial Services managed by RGB Capital Group LLC, please complete the following form and return to RGB Capital Group along with a copy of a driver’s license for each account holder.

Account Type: Individual Trust Joint IRA: _____
 For Retirement accounts, please include a copy of a recent bank statement.

Model Portfolio: Conservative Flexible Small Account

Fee Structure: Advisory Fee Performance Fee Margin: Yes No

1. Trust Information (if applicable) - Please include a copy of the trust.

Trust Name: _____

Date of Trust: _____ Tax Id: _____

For the Benefit of: _____ Grantor: _____

2. Primary Account Holder/Trustee #1

Full Name (first, middle, last): _____

Legal Address (No P.O. Boxes): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Phone -Day: _____ Phone -Evening: _____ Cell: _____

Birth Date: _____ SSN: _____ Email: _____

Driver’s License #: _____ State: _____ Expiration: _____

Copy of Driver License / Passport attached

Marital Status: Single/Divorced/Widow Married No. of Dependents: _____

Employment Status: Employed Retired Not Employed

Employer Name: _____ Occupation: _____

Work Address: _____ City: _____ State: _____ Zip: _____

- Check this box if you are a senior foreign political figure or a family member or close relative of a senior foreign political figure.
- Check this box if you are a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).
- Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.



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3. Account Holder /Trustee #2

Full Name (first, middle, last): _____

Legal Address (No P.O. Boxes): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Phone -Day: _____ Phone -Evening: _____ Cell: _____

Birth Date: _____ SSN: _____ Email: _____

Driver's License #: _____ State: _____ Expiration: _____

Copy of Driver License / Passport attached

Marital Status: Single/Divorced/Widow Married No. of Dependents: _____

Employment Status: Employed Retired Not Employed

Employer Name: _____ Occupation: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Check this box if you are a senior foreign political figure or a family member or close relative of a senior foreign political figure.

Check this box if you are a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.

4. Primary Beneficiary (for IRA accounts only)

Name: _____ SSN: _____ Birthdate: _____ %: _____

Spouse Non-Spouse Trust Entity

Name: _____ SSN: _____ Birthdate: _____ %: _____

Spouse Non-Spouse Trust Entity

5. Secondary Beneficiary (for IRA accounts only)

Name: _____ SSN: _____ Birthdate: _____ %: _____

Spouse Non-Spouse Trust Entity

Name: _____ SSN: _____ Birthdate: _____ %: _____

Spouse Non-Spouse Trust Entity

Name: _____ SSN: _____ Birthdate: _____ %: _____

Spouse Non-Spouse Trust Entity

Name: _____ SSN: _____ Birthdate: _____ %: _____

Spouse Non-Spouse Trust Entity



New Client Information Sheet

6. Suitability

Financial Position

Annual Income

- Under \$25,000
- \$25,000 - \$50,000
- \$50,001 - \$100,000
- Over \$100,000

\$ _____

Estimated Net Worth

- Under \$50,000
- \$50,000 - \$100,000
- \$101,000 - \$500,000
- Over \$500,000

\$ _____

Investable/Liquid Assets

- Under \$50,000
- \$50,000 - \$100,000
- \$101,000 - \$500,000
- Over \$500,000

\$ _____

Account Funding Source

- Asset appreciation
- Business revenue
- Inheritance
- Legal/insurance settlement
- Sale of assets
- Savings from earnings
- Other: _____

Annual Expenses

- Under \$50,000
- \$50,000 - \$100,000
- \$100,001 - \$250,000
- \$250,001 - \$500,000
- Over \$500,000

\$ _____

Special Expenses

- Under \$50,000
- \$50,000 - \$100,000
- \$100,001 - \$250,000
- Over \$250,000

\$ _____

Timeframe

- Within 2 years
- 3 – 5 years
- 6 – 10 years

Federal Tax Bracket

- 0% - 15%
- 25% - 27%
- Over 27 ½ %

Investment Profile

Investment Purpose

- Save for education
- Save for retirement
- Save for short term goal(s)
- Generate income
- Accumulate wealth
- Preserve wealth
- Market speculation
- Other: _____

Investment Objectives

- Rank in order of importance.
- ___ Preservation of capital
 - ___ Income
 - ___ Capital appreciation
 - ___ Speculation
 - ___ Trading profits
 - ___ Other: _____

General Investment Knowledge

- Limited
- Good
- Extensive

Risk Tolerance

- Aggressive
- Conservative
- Moderate
- Moderately Conservative
- Moderately Aggressive
- Combination: _____

Investment Time Horizon

- Near Term
- Very Short
- Short
- Intermediate
- Long
- Combination: _____



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Product Knowledge

Check either None, Limited, Good or Extensive based on your knowledge of the following, OR provide your number of years of experience.

	None	Limited	Good	Extensive	Number of Years	Transactions per Year
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Short Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Variable Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Foreign Currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Foreign Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15

Additional Suitability Information

Decision-Making Experience

Additional Information

Check all that apply

- I consult with my broker
- I make my own decisions
- I consult with my family/friends

Assets Held Away- Provide total value of assets held away and percentages for each type of asset. Total of all percentages must equal 100%.

Total value of assets held away: \$ _____

Stocks _____%	Mutual Funds _____%	Variable Contracts _____%	Alternative Investments _____%
Bonds _____%	Options _____%	Security Futures _____%	Foreign Currency _____%
Short-Term _____%	Limited Partnerships _____%	Annuities _____%	Foreign Security _____%
Other _____%			