

Please complete the entire form; all fields are required unless noted otherwise.

Financial Professional Number: \_\_\_\_\_

## General Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Phone Information

Check one box to indicate Primary Phone

Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Seasonal: \_\_\_\_\_  
 Business: \_\_\_\_\_  Fax: \_\_\_\_\_  Voicemail: \_\_\_\_\_

## Email Information

Email Preference:  Personal  Business

Personal Email Address: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

## Address Information

| Mailing Address                  | Legal Address <input type="checkbox"/> Same as Mailing Address? |
|----------------------------------|---|
| Line 1: _____                    | Line 1: _____   |
| Line 2: _____                    | Line 2: _____   |
| City: _____                      | City: _____   |
| State/Province: _____ Zip: _____ | State/Province: _____ Zip: _____                                |
| Country: _____                   | Country: _____  |

## Additional Information

Gender:  M  F

Marital Status:  Married  Single  Widowed  Divorced  Domestic Partner Number of Dependents: \_\_\_\_\_

Client Deceased?  Yes  No Birthdate: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Tax ID Type:  SSN (Person Clients must use SSN) Tax ID #: \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien  Non-Resident Alien  U.S. Citizen Living Abroad

Country of Citizenship: \_\_\_\_\_ State of Residence: \_\_\_\_\_

Walk-In Client?  Yes  No Met in Person?  Yes  No Known Rep Since (YYYY): \_\_\_\_\_

Picture ID Presented?  Yes  No

ID Type:  Driver License  Passport  U.S. or State ID Card  Military ID Card  Green Card  Visa

**Note:** If the client is a Resident Alien, a Green Card and an additional form of identification is required. For such clients, please also complete the Secondary ID Section on the following page.

ID Issuing Country: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

# Client Application – Person

## Additional Information, *cont.*

Secondary ID Type:  Driver License  Passport  U.S. or State ID Card  Military ID Card  Green Card  Visa  
 ID Issuing Country: \_\_\_\_\_ ID Issuing State: \_\_\_\_\_ ID Number: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Non-Documentary Verification (For Branch Use Only)

Contacted Client  Independently Verified Identity  Checked Reference w/Employer  Obtained Financial Statement  
 Obtained Utility or Phone Bill  Obtained Property Tax Bill  Used Reverse Phone Directory  
 Verification Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Verification Document: \_\_\_\_\_ Verification Date: \_\_\_\_\_

### Employment Information

Employment Status:  Employed  Self Employed  Retired  Home-Based  Student  Unemployed  
 Occupation: \_\_\_\_\_ Employed Since(YYYY): \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Industry: \_\_\_\_\_  
 Employer Address:  
 Line 1: \_\_\_\_\_  
 Line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_

### Bank Information (optional)

Bank Name: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Type of Account:  Checking  Savings  Cash  Other  
 Account Number: \_\_\_\_\_ ABA Number: \_\_\_\_\_

## Know Your Client

Is the client, or does the client represent a Private Bank?  Yes  No  
 Is the client, or does the client represent a Foreign Bank?  Yes  No  
 Is the client, or does the client represent the U.S. Central Bank?  Yes  No

Is the client, or does the client represent a Senior Foreign Official?  Yes  No  
 Senior Foreign Official First Name: \_\_\_\_\_ Senior Foreign Official Last Name: \_\_\_\_\_  
 Senior Foreign Official Office Name: \_\_\_\_\_ Senior Foreign Official Country: \_\_\_\_\_

**Please note that accounts cannot be opened for a Senior Foreign Official.**

Is the client, client's family member, or other person who shares the client's household a government official\* (GO)? (see definition on following page)  
 Yes  No **If YES, the following information is required:**  
 Name of Government Official: \_\_\_\_\_  
 Relationship to client:  Self  Spouse  Parent  Sibling  
 Child  Other: \_\_\_\_\_  
 Government Jurisdiction:  City  County  State  Federal  Other: \_\_\_\_\_  
 Branch/Office Held: \_\_\_\_\_ Position Title: \_\_\_\_\_

# Client Application – Person

## Know Your Client, cont.

\*A Government Official (GO) may be any of the following or similar, using the broadest interpretation:

- An officer, employee, agent, or other individual, regardless of rank or title, acting in an official capacity for or on behalf of any government (e.g., an official advisor to the government), its departments, agencies, or instrumentalities, include government- or state-owned or controlled entities (e.g., national oil company, state-run utility, public hospital, sovereign wealth fund);
- For purposes of the Policy only, an entity is “owned” or “controlled” by the government if:
  - The government owns more than 50% of the entity; or
  - The government exercises control over the entity (e.g., control in fact, veto rights)
- An officer, employee, agent, or other individual, regardless of rank or title, acting in an official capacity for or on behalf of a public international Organization (e.g., the World Bank or the United Nations);
- A member of the royal or ruling family of a country;
- Any political party, officer, employee, or agent of a political party, or party official; or
- Any candidate for political office

## Prior Investment Experience

Does the client have prior investment experience?     Yes     No

For each type of investment product listed below, indicate the number of years of experience that the client has with the product type and the total value currently invested.

| Years of Experience – Product Type                    | Total Value Currently Invested |
|---|--------------------------------|
| _____ Annuities                                       | \$ _____ .00                   |
| _____ Bonds   | \$ _____ .00                   |
| _____ Stocks  | \$ _____ .00                   |
| _____ Mutual Funds                                    | \$ _____ .00                   |
| _____ Options   | \$ _____ .00                   |
| _____ Managed Accounts                                | \$ _____ .00                   |
| _____ Alternative Investments                         | \$ _____ .00                   |
| _____ Employer Sponsored Plan (e.g., 401(k), pension) | \$ _____ .00                   |
| _____ Other   | \$ _____ .00                   |

## Suitability

Annual Income: \$ \_\_\_\_\_    Net Worth: \$ \_\_\_\_\_    Liquid Net Worth: \$ \_\_\_\_\_

Federal Tax Bracket:     0% – 15%     16% – 28%     29% – 33%     34% – 39%     Over 40%

Annual Expenses:    *Annual Expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.*

\$0 – 25,000     \$25,001 – 50,000     \$50,001 – 75,000     \$75,001 – 100,000     \$100,001 – 250,000     \$250,001 – 500,000     Over \$500,000

Special Expenses:    *Special Expenses might include a down payment for a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.*

\$0 – 25,000     \$25,001 – 50,000     \$50,001 – 75,000     \$75,001 – 100,000     \$100,001 – 250,000     \$250,001 – 500,000     Over \$500,000

If the client has any Special Expenses, please indicate the time frame for the expenses:

N/A     Within 2 years     3 – 5 years     6 – 10 years     Over 10 years

## Client Affiliation

Is the client employed by or affiliated with the securities industry (for example, a sole proprietor, partner, officer, director, or branch manager of a broker dealer firm) or a financial regulatory agency?     Yes     No

If Yes, what is the name of the entity? \_\_\_\_\_

Is the client related to someone who is employed by or associated with the securities industry?     Yes     No

If Yes, what is the name of the entity where that person is employed? \_\_\_\_\_

Is the client a director, senior officer, or controlling person of a publicly traded company?     Yes     No

If Yes, what is the name of that company? \_\_\_\_\_

Is the client or affiliate of the client a senior military, governmental, or political official in a non-U.S. country?     Yes     No

If Yes, what is the name of that country? \_\_\_\_\_