

# NEW ACCOUNT APPLICATION

## CONTACT INFORMATION

Duplicate this information if you will be opening a Joint Account

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

---

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

---

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Mailing Address** (if different from above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Duplicate this information if you will be opening a Joint Account

Employment Status:    Employed    Self-Employed    Retired    Homemaker    Student    Not Employed

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you a U.S. citizen?    Yes    No

Are you employed by a stock exchange or member firm of an exchange or FINRA?    Yes    No

Are you a director, 10% shareholder, or officer of a publicly traded company?    Yes    No

## ACCOUNT INFORMATION

Please include a recent month-end statement for the accounts you wish to transfer. If you have a 401(k) at your current work, please send over the investment options.

Account type you wish to open:

---

Brokerage (check all that apply):

Individual    Partnership    Trust (Additional information will be required)

Joint Account    LLC

---

IRA (check all that apply):

IRA    SIMPLE IRA    SEP IRA (Additional information will be required)

Roth IRA    Inherited IRA

---

Will you be taking distributions from your IRA:    Yes    No    Do you want to link your account with your bank?    Yes    No

If Yes, please include a voided check.

## FINANCIAL INFORMATION

Annual Income: \_\_\_\_\_ Net Worth: \_\_\_\_\_

**Select the sources of your account assets:**

Salary/Wages/Savings    Investment Capital Gains

Social Security Benefits    Gifts

Sale of Property or Business    Gambling/Lottery

Family/Relatives/Inheritance

**Purpose of Account** (Please select all that apply):

General Investing

Investing for Estate Planning

Investing for Tax Planning

Investing for College

Investing for Retirement

## OPTIONAL: ADD A "TRUSTED CONTACT PERSON"

If something happens to you or if I have a concern, whether it be a medical condition or financial exploitations, is there someone you trust -an emergency contact- whom I can contact on your behalf?

Name: \_\_\_\_\_ Relationship to Account Holder: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## BENEFICIARY INFORMATION (for IRA accounts only)

### #1 Beneficiary

Name: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_  
 Relationship to Account Holder: \_\_\_\_\_ Type of Beneficiary: Primary Contingent Share %  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### #2 Beneficiary

Name: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_  
 Relationship to Account Holder: \_\_\_\_\_ Type of Beneficiary: Primary Contingent Share %  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### #3 Beneficiary

Name: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_  
 Relationship to Account Holder: \_\_\_\_\_ Type of Beneficiary: Primary Contingent Share %  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### #4 Beneficiary

Name: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_  
 Relationship to Account Holder: \_\_\_\_\_ Type of Beneficiary: Primary Contingent Share %  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### #5 Beneficiary

Name: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Social Security #: \_\_\_\_\_  
 Relationship to Account Holder: \_\_\_\_\_ Type of Beneficiary: Primary Contingent Share %  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_