

Confidential Client Data Sheet
Personal Information

| | | | | | |
|--------------------------------|--------------|----------------|---------------|----------------------|-----|
| | | | | | |
| First Name | | Middle Initial | | Last Name | |
| | | | | | |
| Street Address (No P.O. Boxes) | | City | | State | Zip |
| | | | | | |
| Social Security Number | | Date of Birth | | Number of Dependents | |
| | | | | | |
| Country of Citizenship | Phone Number | | Email Address | | |
| | | | | | |

Employment Information

| | | | |
|------------------|--|------------------|--|
| | | | |
| Employer | | Job Title | |
| | | | |
| Type of Business | | Employer Address | |
| | | | |

Financial Status

| | | | |
|---------------------------------|--|--------------------|--|
| \$ | | % | \$ |
| Annual Income (Provide a Range) | | Income Tax Bracket | Liquid Net Worth Excluding Residence (Provide a Range) |
| | | | |

USA Patriot Act Requirement (Check one I.D. type below and complete the remaining fields)

| | | | | | | | | | |
|--------------------------|-----------------|--------------------------|----------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|----------|
| <input type="checkbox"/> | Drivers License | <input type="checkbox"/> | State Issue ID | <input type="checkbox"/> | Military ID | <input type="checkbox"/> | Resident Alien ID | <input type="checkbox"/> | Passport |
| | | | | | | | | | |
| Identification # | | Issue State / Country | | Issuance Date | | Expiration Date | | | |
| | | | | | | | | | |

Investment Experience in Years

| | | | | | | | | | |
|--------|-----|-------|-----|--------------|-----|---------|-----|-----------|-----|
| | Yrs | | Yrs | | Yrs | | Yrs | | Yrs |
| Stocks | | Bonds | | Mutual Funds | | Options | | Annuities | |
| | | | | | | | | | |

Risk Tolerance (Extent to which you are willing to accept a higher risk of loss in exchange for the possibility of earning a higher return. Check one)

| | | | | | |
|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Low Tolerance for Risk | <input type="checkbox"/> | Moderate Tolerance for Risk | <input type="checkbox"/> | High Tolerance for Risk |
|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|-------------------------|

Investment Objectives (Check one)

| | | | | | | | |
|--------------------------|--------------------------------------|--------------------------|------------------------------|--------------------------|-----------------|--------------------------|-------------------|
| <input type="checkbox"/> | Capital Preservation & Modest Income | <input type="checkbox"/> | Conservative Growth & Income | <input type="checkbox"/> | Moderate Growth | <input type="checkbox"/> | Aggressive Growth |
|--------------------------|--------------------------------------|--------------------------|------------------------------|--------------------------|-----------------|--------------------------|-------------------|

Investment Time Horizon (Time in years to achieve investment goals. Check one)

| | | | | | | | | | |
|--------------------------|-----------|--------------------------|-----------|--------------------------|------------|--------------------------|-------------|--------------------------|--------------------|
| <input type="checkbox"/> | 0-3 Years | <input type="checkbox"/> | 3-5 Years | <input type="checkbox"/> | 5-10 Years | <input type="checkbox"/> | 10-15 Years | <input type="checkbox"/> | More than 15 Years |
|--------------------------|-----------|--------------------------|-----------|--------------------------|------------|--------------------------|-------------|--------------------------|--------------------|

Liquidity Needs (Potential need for withdrawals to cover expenses. Check one)

| | | | | | |
|--------------------------|-----|--------------------------|----------|--------------------------|------|
| <input type="checkbox"/> | Low | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | High |
|--------------------------|-----|--------------------------|----------|--------------------------|------|