
Client Summary

The following questionnaire was designed to efficiently gather the information necessary to best assist you in achieving your financial goals.

Date (mm/dd/yyyy): _____

CLIENT PROFILE

Legal Name: _____ Preferred Name: _____

Marital Status: Married Single Divorced Widowed DOB (mm/dd/yyyy): _____ SSN/Tax ID#: _____

Driver's License #: _____ Issue Date (mm/dd/yyyy): _____ Exp. Date (mm/dd/yyyy): _____

State: _____ Country: _____

Is there a trusted person you would like us to notify in case of your diminished capacity or suspicion that you're being financially exploited?

No Yes (If Yes, please complete the information below)

Name: _____ Phone: _____

Address: _____

Email: _____ Relationship (Optional): _____

ADDRESS

Preferred Mailing

Nickname: _____

Physical

Address: _____

Tax Reporting

City: _____ State: _____ Zip Code: _____

Preferred Mailing

Nickname: _____

Physical

Address: _____

Tax Reporting

City: _____ State: _____ Zip Code: _____

PHONE (Check preferred)

Home: _____ Work: _____ Cell: _____

Cell: _____ Other: _____

EMAIL

Preferred: _____ Additional: _____

EMPLOYMENT STATUS

- Business Owner Employed Homemaker
 Retired Student Not Currently Employed

Job Title: _____
Employer/Business Name: _____
Address: _____

INCOME AND NET WORTH

Annual Income: _____ Net Worth: _____ Liquid Net Worth: _____

BENEFICIARIES/DEPENDENTS

- Primary Contingent

Name: _____
SSN/TIN: _____ DOB (mm/dd/yyyy): _____
Relationship: _____ Percentage: _____ Per Stirpes?: _____

- Primary Contingent

Name: _____
SSN/TIN: _____ DOB (mm/dd/yyyy): _____
Relationship: _____ Percentage: _____ Per Stirpes?: _____

- Primary Contingent

Name: _____
SSN/TIN: _____ DOB (mm/dd/yyyy): _____
Relationship: _____ Percentage: _____ Per Stirpes?: _____

CLIENT PROFILE *(This section and beyond is to be completed by Financial Advisor)*

FA #: _____

Client Name(s): _____

Referred by: _____

INCOME AND NET WORTH

Tax Bracket: _____ Source of Wealth: _____

(If Business Ownership) Business Name: _____

Industry: _____ Years Owned: _____ Ownership %: _____

(If Gift Inheritance or Other) Name of Source: _____

INVESTMENT EXPERIENCE (None, Moderate, Considerable)

CLIENT #1

Equities _____ Bonds _____ Mutual Funds/UITs _____ ETFs _____

Annuities _____ Margin Trading _____ Options/Futures _____ Alt Invest _____

CLIENT #2

Equities _____ Bonds _____ Mutual Funds/UITs _____ ETFs _____

Annuities _____ Margin Trading _____ Options/Futures _____ Alt Invest _____

ANTICIPATED CLIENT ACTIVITY

Anticipates Using Wires: No Yes; Expected Frequency: _____

Anticipates Using Third-party Wires: No Yes; Expected Frequency: _____

Anticipates Using Debit Cards: No Yes

Anticipates Using Checks: No Yes

DISCLOSURE INFORMATION

Individual is an employee, a Financial Advisor, or related to any employee or Financial Advisor within the Raymond James Financial Group. No Yes

If Yes, Related to Whom: _____ Relationship to Individual: _____

Individual is an employee of or related to an employee of any exchange or a member firm of any exchange or member of the Financial Industry Regulatory Authority (FINRA). No Yes

If yes, FINRA Related Person: _____ FINRA Company Name: _____

FINRA Company Position: _____ Relationship to Individual: _____

Individual is an employee, or related to an office of a bank, trust company, or insurance company.

No Yes

If Yes, Related Person: _____ Relationship to Individual: _____

Bank/Company Name: _____ Bank/Company Position: _____

Individual is a director, corporate officer, or a 10% shareholder of a publicly traded company. No Yes

If yes, Company Symbol: _____ Company Position: _____

Individual authorizes disclosure of name, address and security position to requesting companies in which securities under SEC rule 14b-1(c) are held. No Yes

Individual is a Politically Exposed Person/Senior Political Figure (PEP/SPF): No Yes

If Yes, Presently Serving: No Yes

Title: _____

Beginning Date of Service (mm/dd/yyyy): _____ Ending Date of Service ((mm/dd/yyyy): _____

Individual is an Immediate Family Member of a PEP/SPF: No Yes

If Yes, Presently Serving: No Yes

Title: _____

Beginning Date of Service (mm/dd/yyyy): _____ Ending Date of Service (mm/dd/yyyy): _____

Individual is a Close Associate of a PEP/SPF: No Yes

If Yes, Name of PEP/SPF: _____

Relationship to PEP/SPF: _____

Presently Serving: No Yes

Title: _____

Beginning Date of Service (mm/dd/yyyy): _____ Ending Date of Service (mm/dd/yyyy): _____

Does the individual have a substantial (50% or greater) beneficial ownership or controlling interest in a government owned business or entity? No Yes

CRM ATTRIBUTES

Preferred Method of Contact

Any Mail Phone Email Do Not Call

Mail Merge

Relationship Salutation:

Formal: _____ Informal: _____

Contact Salutation:

Formal: _____ Informal: _____

ACCOUNT INFORMATION

Account Name: _____

Account Type: _____

Type of Account: Standard Direct

AMS: No Yes; Product: _____

Manager/Disciple, if applicable: _____

Tax Reporter: _____

Capital Access: No Yes

Debit Card: No Yes; Debit Card Imprint: _____

Checks: No Yes; Check Imprint: _____

Margin: No Yes

Account Address: Same as Preferred Address Other, listed below:

Address: _____

Duplicate Statement Duplicate Confirm (If Yes, complete the information below)

Name: _____

Address: _____

SUITABILITY

Source of Funds: _____

Account Purpose:

Risk Tolerance:

Choose one	Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive
<input type="checkbox"/> Provide Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wealth Accumulation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wealth Accumulation & Provide Income		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wealth Preservation	<input type="checkbox"/>				

Primary Time Horizon: <5yrs 5-10yrs. 10-20yrs. >20 yrs.

COST BASIS ACCOUNTING METHOD

Equity, Bond & Options : FIFO LIFO High Cost in, First Out Min. Tax
 Open-End Funds : FIFO LIFO High Cost in, First Out Min. Tax Avg. Cost
 Closed-End UIT's, ETFs, & Others : FIFO LIFO High Cost in, First Out Min. Tax Avg. Cost

Other Notes:

OPTIONAL ADD-ONS

Associated Contacts

Tax Preparer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Attorney Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Residence

Country of Residence: _____

Primary Citizenship: _____

Secondary Citizenship: _____

Country of Taxation: _____

Passport #: _____ Issue Date (mm/dd/yyyy): _____ Exp. Date (mm/dd/yyyy): _____

State: _____ Country: _____

OPTIONAL ADD-ONS *(Continued)***Goal Planning & Monitoring (GPM)**

- Living Will Prepared? No Yes; Last Updated Date(mm/yyyy): _____
- Living Trust Prepared? No Yes; Last Updated Date(mm/yyyy): _____
- Retirement Plan Prepared? No Yes; Last Updated Date(mm/yyyy): _____
- Has a Medical Directive? No Yes; Last Updated Date(mm/yyyy): _____
- Will(s) include a Bypass Trust? No Yes; Last Updated Date(mm/yyyy): _____

Investor Life Cycle

- (PRE-Retirement) Wealth Accumulation Phase:
- (NEAR-Retirement) Wealth Consolidation Phase:
- (IN-Retirement) Wealth Distribution Phase:

Online Access

- No Yes; Selected Username: _____

Document Delivery

- New Account Forms: Paper Electronic
- Statements: Paper Electronic
- Trade Confirmations: Paper Electronic
- Tax Reporting: Paper Electronic
- Reports & Proxies: Paper Electronic
- Prospectuses: Paper Electronic
- Other Correspondence: Paper Electronic

Newsletters

- Capital Markets Review Investment Strategy Quarterly Worthwhile Magazine