

CLIENT PROFILE

Client #1			Client #2		
First Name	Middle	Last Name	First Name	Middle	Last Name
Preferred Name <i>(if different)</i>		Prefix/Suffix	Preferred Name <i>(if different)</i>		Gender
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
SSN/Taxpayer ID		Date of Birth <i>(mm/dd/yyyy)</i>	SSN/Taxpayer ID		Date of Birth <i>(mm/dd/yyyy)</i>
Taxpayer ID Country		Country of Taxation	Taxpayer ID Country		Country of Taxation
Citizenship <small>Note: ID documentation required for foreign persons</small>		Citizenship Secondary	Citizenship <small>Note: ID documentation required for foreign persons</small>		Citizenship Secondary
Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		Ext	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		Ext
Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		Ext	Alternate Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		Ext
Primary Email <input type="checkbox"/> Home <input type="checkbox"/> Business			Primary Email <input type="checkbox"/> Home <input type="checkbox"/> Business		
Alternate Email TYPE: <input type="checkbox"/> Home <input type="checkbox"/> Business			Alternate Email TYPE: <input type="checkbox"/> Home <input type="checkbox"/> Business		
Favorite Charitable Organizations			Favorite Charitable Organizations		

Physical Address *(required)* Preferred mailing address Use for tax reporting

Street Address

City	State	Postal/Zip Code	Country
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Alternate Address Preferred mailing address Use for tax reporting

Street Address

City	State	Postal/Zip Code	Country
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Additional Contacts (Trusted Contact, Children, Beneficiaries)

Contact #1

First Name	Middle	Last Name	Preferred Name	Relationship
Address		Email	Date of Birth	SSN/Taxpayer ID
City	State	Postal/Zip Code	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Gender <input type="checkbox"/> Trusted Contact

Contact #2

First Name	Middle	Last Name	Preferred Name	Relationship
Address		Email	Date of Birth	SSN/Taxpayer ID
City	State	Postal/Zip Code	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Gender <input type="checkbox"/> Trusted Contact

Contact #3

First Name	Middle	Last Name	Preferred Name	Relationship
Address		Email	Date of Birth	SSN/Taxpayer ID
City	State	Postal/Zip Code	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Gender <input type="checkbox"/> Trusted Contact

Contact #4

First Name	Middle	Last Name	Preferred Name	Relationship
Address		Email	Date of Birth	SSN/Taxpayer ID
City	State	Postal/Zip Code	Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell	Gender <input type="checkbox"/> Trusted Contact

Yes No

I want the trusted contact(s) to be contacted only in the event of suspected financial exploitation, fraud, or other issue affecting your ability to act in your own best interest. This will not authorize us to provide account-specific information to this party.

Additional Contacts (CPA/Accountant/Tax Preparer)

First Name	Last Name	Firm Name
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Additional Contacts (Attorney)

First Name	Last Name	Firm Name
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Client #1			Client #2		
First Name	Middle	Last Name	First Name	Middle	Last Name
Employment Status: <input type="checkbox"/> Business Owner <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Currently Employed			Employment Status: <input type="checkbox"/> Business Owner <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Currently Employed		
Job Title		Employer/Business Name	Job Title		Employer/Business Name
Annual Income		Employer Address	Annual Income		Employer Address
Occupation <i>(most recent, if retired)</i>		Employer Address 2	Occupation <i>(most recent, if retired)</i>		Employer Address 2
Retirement Year <i>(yyyy)</i>		Employer City, State, Zip	Retirement Year <i>(yyyy)</i>		Employer City, State, Zip
Last Employed <i>(mm/yyyy)</i>		Employment Industry/Sector	Last Employed <i>(mm/yyyy)</i>		Employment Industry/Sector

Disclosures

Client #1		Client #2
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am an employee, a Financial Advisor, or related to any employee or Financial Advisor within the Raymond James Financial Group.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am an employee of or related to an officer of a bank, trust company, or insurance company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a director, corporate officer, or a 10% shareholder of a publicly traded company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize disclosure of name, address and security position to requesting companies in which securities under SEC rule 14b-1© are held.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Politically Exposed Person (PEP)/Senior Political Figure (SPF), an immediate family member or close associate of a PEP/SPF or have a 50% or greater ownership/controlling interest in a government owned entity. If the answer is "yes", please complete the Enhanced Due Diligence Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the disclosures above, please provide the following information:

First Name	Last Name	Relationship
Company Name		Company Position

Income & Net Worth

Household Annual Income

- | | | |
|---|--|--|
| <input type="checkbox"/> \$50,000 and under | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$100,001 - \$200,000 |
| <input type="checkbox"/> \$200,001 - \$500,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| <input type="checkbox"/> \$5,000,001 - \$10,000,000 | <input type="checkbox"/> \$10,000,001 - \$25,000,000 | <input type="checkbox"/> Over \$25,000,000 |

Household Net Worth

- | | | |
|---|--|--|
| <input type="checkbox"/> \$50,000 and under | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$100,001 - \$200,000 |
| <input type="checkbox"/> \$200,001 - \$500,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| <input type="checkbox"/> \$5,000,001 - \$10,000,000 | <input type="checkbox"/> \$10,000,001 - \$25,000,000 | <input type="checkbox"/> Over \$25,000,000 |

Household Liquid Net Worth

- | | | |
|---|--|--|
| <input type="checkbox"/> \$50,000 and under | <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$100,001 - \$200,000 |
| <input type="checkbox"/> \$200,001 - \$500,000 | <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$1,000,001 - \$5,000,000 |
| <input type="checkbox"/> \$5,000,001 - \$10,000,000 | <input type="checkbox"/> \$10,000,001 - \$25,000,000 | <input type="checkbox"/> Over \$25,000,000 |

Source of Wealth

- | | |
|---|---|
| <input type="checkbox"/> Employment Income | <input type="checkbox"/> Investment Income/Appreciation |
| <input type="checkbox"/> Government/Retirement Benefits | <input type="checkbox"/> Insurance Benefits |
| <input type="checkbox"/> Gift/Inheritance: | <input type="checkbox"/> Business Ownership (if checked, please provide the following:) |

Person Inherited From (full name) _____

Percent Owned _____

Investment Experience

	Client #1			Client #2		
	None	Moderate	Considerable	None	Moderate	Considerable
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options/Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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