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# Client Summary

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

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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