

Primary Investor

DATE: _____

Name:	SSN:	DOB:	
Mailing Address:	City:	State:	Zip:
Legal Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	
Employer:	Occupation:	Work Phone:	
Employer Address:	City:	State:	Zip:
Type of Business:	Years Employed:	Risk Tolerance Score:	
Country of Citizenship:	Marital Status:	DL #:	Exp. Date:

Secondary Investor

Name:	SSN:	DOB:	
Mailing Address:	City:	State:	Zip:
Legal Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	
Employer:	Occupation:	Work Phone:	
Employer Address:	City:	State:	Zip:
Type of Business:	Years Employed:	Risk Tolerance Score:	
Country of Citizenship:	Marital Status:	DL #:	Exp. Date:

Financial Information

Net Worth: _____	Liquid Net Worth: _____
Household Income: _____	Tax Bracket: _____

Initial Source of Funds

<input type="checkbox"/> Income from Employment	<input type="checkbox"/> Gift	<input type="checkbox"/> Investment Proceeds
<input type="checkbox"/> Sale of Business	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Legal Settlement
<input type="checkbox"/> Spouse / Parent	<input type="checkbox"/> Lottery / Gambling	<input type="checkbox"/> Insurance Proceeds
<input type="checkbox"/> Pension / IRA / Retirement	<input type="checkbox"/> Savings	<input type="checkbox"/> Unemployment / Disability

Ongoing Source of Funds

<input type="checkbox"/> Income from Employment	<input type="checkbox"/> Gift	<input type="checkbox"/> Investment Proceeds
<input type="checkbox"/> Sale of Business	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Legal Settlement
<input type="checkbox"/> Spouse / Parent	<input type="checkbox"/> Lottery / Gambling	<input type="checkbox"/> Insurance Proceeds
<input type="checkbox"/> Pension / IRA / Retirement	<input type="checkbox"/> Savings	<input type="checkbox"/> Unemployment / Disability

Investment Objectives

Risk Tolerance: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate / High <input type="checkbox"/> High <input type="checkbox"/> Speculative
Rank Objectives (Rank 1-6 in order of importance as needed):
_____ Growth _____ Growth & Income _____ Income
_____ Trading _____ Preservation _____ Speculation
Investment Experience (in years):
_____ Mutual Funds _____ Variable Annuities _____ Stocks _____ ETFs
_____ Bonds _____ Options _____ DPP

Time Horizon (Time needed for client to achieve financial goals):

<input type="checkbox"/> <3	<input type="checkbox"/> 3-5	<input type="checkbox"/> 5-7	<input type="checkbox"/> 7-10	<input type="checkbox"/> 10+
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Account #: _____

CPA Contact Info: _____ RedTail Category (1-5): _____

KYC Date: _____ IAR Signature: _____