

_____ Domestic
_____ Cash

_____ Foreign
_____ Margin

Date: _____
RR#: _____

New Account Worksheet

Account Type (Choose one): Individual Joint Tenants in Common Joint w/ Rts of Survivorship Custodian
 Estate Trust (DTD _____) Sole Proprietorship Corporation

Account Title: _____

Part # 1: Primary Owner Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Postal Code: _____

Phone # () _____ - _____ Mobile# () _____ - _____ Other # () _____ - _____ E-mail address: _____

SS# or Tax ID #: _____ Date of Birth: _____

No. of Dependents: _____ Marital Status: _____ Educations Level: _____

Employment Information (if retired, state previous occupation, employer, business, etc.):

Employer: _____ Position: _____

Business Address: _____

Nature of Business: _____ Years There: _____ Employer Phone No.: () _____

Part # 2: Co-Owner Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Postal Code: _____

Phone # () _____ - _____ Mobile# () _____ - _____ Other # () _____ - _____ E-mail address: _____

SS# or Tax ID #: _____ Date of Birth: _____

No. of Dependents: _____ Marital Status: _____ Educations Level: _____

Employment Information (if retired, state previous occupation, employer, business, etc.):

Employer: _____ Position: _____

Business Address: _____

Nature of Business: _____ Years There: _____ Employer Phone No.: () _____

Part # 3: Suitability Data

Annual Income: _____ Liquid Assets _____ Net Worth: (excluding residence) _____

Value of Residence: _____ Tax Bracket _____ Balance of Mortgage: _____

Investment Objective (Choose Only One):

Current Income Growth & Income Maximum Growth
 Balanced Growth Speculation

Risk Exposure:

Low Moderate
 Aggressive Speculative

Investment Experience (Number of Years):

Stocks _____ Bonds _____ Options _____ Private Placements _____ Other _____

Other Brokerage Accounts: NO YES (Please list) _____

How was account acquired?

Cold Call _____
 Customer Personally Known to RR _____
 Customer Referred by: _____
 Other _____

Source of Income:

Investments _____
 Compensation _____
 Retirement Assets _____
 Other _____

Time Horizon:

Short term _____
 Intermediate _____
 Long Term _____

Part #4: Disclosures

Is client/family member employed by FINRA member or financial institution? YES NO

Is client/authorized person or member of their immediate family an officer, director or 5% stockholder of a publicly traded company?

NO YES _____

Is client/family a senior foreign political figure? Yes No Bank Reference: _____

Initial Transaction: _____

RR Signature: _____

Print RR Name: _____

FINCEN Review: _____

Compliance Approval: _____