



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#: _____

Primary Citizenship: _____ Gender: _____

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

Physical

Address: _____

Tax Reporting

City: _____ State: _____ Zip Code: _____

Preferred Mailing

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 (Most recent, if retired): _____

Employer/Business Name: _____

Address: _____

Last Employed (If not currently employed, mm-yyyy) _____ Retirement Year _____

INCOME AND NET WORTH

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

INTERESTED ACCOUNTS

- Brokerage Traditional IRA Roth IRA SEP IRA 529 Plan Other: _____

BENEFICIARIES/DEPENDENTS

- Primary Contingent

Name: _____

DOB (mm/dd/yyyy): _____

Relationship: _____ Percentage: _____ Per Stirpes?: _____

- Primary Contingent

Name: _____

DOB (mm/dd/yyyy): _____

Relationship: _____ Percentage: _____ Per Stirpes?: _____

- Primary Contingent

Name: _____

DOB (mm/dd/yyyy): _____

Relationship: _____ Percentage: _____ Per Stirpes?: _____

ACH PROFILE

ABA Routing #: _____

Financial Institution: _____

FI Account #: _____

FI Account Registration: _____

Scheduled Transaction Options

- Debited Credited

Amount: _____

Frequency: _____

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

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