

Client Information/Beneficiary Form

Primary Account Holder : Mr. Mrs. Ms.

First Name:	Middle Name:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	SSN or Tax ID:
Mother's Maiden Name:		Nickname:

Legal Address:

Street:			
City:	State:	Zip:	Country:
Pers. Email:		Bus. Email:	
Home Phone:		Business Phone:	
Mobile Phone:		Other:	

Mailing Address:

Street:			
City:	State:	Zip:	Country:

Previous Legal Address (if less than 2 years):

Street:			
City:	State:	Zip:	Country:

Citizenship (check one):

U.S.
 U.S. Resident Alien
 Non-Resident Alien (please provide a valid Government ID and a form W-8)
 Country of legal and tax residence: U.S.
 Other (specify) _____

Employment Status (check one):

Employed
 Self Employed
 Retired
 Unemployed
 Homemaker
 Student

Employer:	Telephone:		
Occupation:	Years Employed:		
Street:			
City:	State:	Zip:	Country:

Marital Status (check one):

Single
 Divorced
 Separated
 Widowed
 Married: Date Married (opt.) _____ Married to Client 2: Yes No

Secondary/Joint Account Holder: Mr. Mrs. Ms.

First Name:	Middle Name:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	SSN or Tax ID:
Mother's Maiden Name:	Nickname:	

Legal Address: Same as Primary Account Holder

Street:			
City:	State:	Zip:	Country:
Pers. Email:		Bus. Email:	
Home Phone:		Business Phone:	
Mobile Phone:		Other:	

Mailing Address: Same as Primary Account Holder

Street:			
City:	State:	Zip:	Country:

Previous Legal Address (if less than 2 years): Same as Primary Account Holder

Street:			
City:	State:	Zip:	Country:

Citizenship (check one):

U.S. U.S. Resident Alien Non-Resident Alien (please provide a valid Government ID and a form W-8)

Country of legal and tax residence: U.S. Other (specify) _____

Employment Status (check one):

Employed Self Employed Retired Unemployed Homemaker Student

Employer:	Telephone:		
Occupation:	Years Employed:		
Street:			
City:	State:	Zip:	Country:

Marital Status (check one):

Single Married Divorced Separated Widowed

Notes on Beneficiaries:

- *If married, spouses will be assumed primary beneficiaries unless indicated otherwise.*
- *Contingent (secondary) beneficiaries are highly recommended.*
- *Total allocation of Primary and Contingent Beneficiaries must equal 100%, respectfully*
- *To designate your estate as beneficiary, write "Estate" in the Primary Beneficiary section. "Per Will" is not accepted*
- *If the "Per Stirpes" box is checked: It means that if this beneficiary is deceased, then their percentage would flow to their living children. If not checked, their portion would be divided evenly between the remaining surviving beneficiaries.*

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

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Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes

Primary Contingent

Name:	Relationship:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or Tax ID:
Street Address:	Date of Birth or Date of Trust:		Percentage:
City, State, Zip:	Telephone:		<input type="checkbox"/> Per Stirpes