

Confidential Client Information

Please provide us with the following information about yourself:

Not only does this information help us to understand you, but regulations require that we obtain this information directly from you.

Account Holder Information:

Last Name: _____

First Name: _____

Middle Initial: _____

Nickname: _____

Gender: _____ Date of Birth: _____

Social Security Number: _____

U.S. Citizen (*please circle one*): Y N

Official State of Residence: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Spouse / Additional Account Holder Information:

Last Name: _____

First Name: _____

Middle Initial: _____

Nickname: _____

Gender: _____ Date of Birth: _____

Social Security Number: _____

U.S. Citizen (*please circle one*): Y N

Official State of Residence: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

SEASONAL ADDRESS:

Usual Time of Year in Residence: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Mailing Address (If Different from Residence):

Mailing Address _____

City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION:

Name of Employer: _____

Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Name of Employer: _____

Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Name of Child or Dependent	Gender	Date of Birth	Child's Parent Both/Father/Mother	School Grade	Social Security Number
			B F M		
			B F M		
			B F M		
			B F M		

Your Finances:

The Proper Analysis Corporation will be managing what percentage of your investment portfolio? _____% Of your net worth? _____%

What is your approximate annual income? _____; approximate marginal tax bracket? _____%

Do you have any material tax loss carry-forwards? If so, approximate \$ _____.

Name of your attorney: _____

Telephone #: _____ Email Address: _____

Name of your CPA or tax preparer: _____

Telephone #: _____ Email Address: _____

I authorize The Proper Analysis to share information with my attorney and or CPA/tax preparer.

_____ Account Holder

_____ Additional Account Holder

Do you need copies of your reports sent to anyone? If so, whom:

Your Plans:

When do you want to retire? _____

Do you need to keep a segregated cash reserve? _____ If so, how much? _____

Do you need regular withdrawals from your accounts (*please circle one*)? Y N

How much and when? _____

Do you foresee any significant financial events coming up in your life? If so, please explain.

Do you wish to place any restrictions on your investments? If so, please explain.

Your Risk Tolerance

Circle Only One Answer Per Question –

1.) I have more than five years of investment experience.	Yes	No
2.) I cannot accept fluctuations in the value of my investments.	Yes	No
3.) My investment horizon is more than three years.	Yes	No
4.) Are you optimistic or pessimistic about the next ten years?	Optimistic	Pessimistic

Circle Only One Answer Per Question –

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I often lose sleep thinking about whether I have enough money for the future.....	1	2	3	4	5
I am able to tolerate sharp up and down swings in the return on my investments in order to seek a potentially higher return than would normally be expected from more stable investments.....	1	2	3	4	5
I think I am knowledgeable about investments.....	1	2	3	4	5
Investment management is all about picking winners.....	1	2	3	4	5
My goal is to beat the market.....	1	2	3	4	5
My goal is not to beat the market but to have a steady return.....	1	2	3	4	5

Account Services and Features:

- 1.) Do you want mutual access with your spouse to on-line statements? Y N
- 2.) Do you want checking on any account? Y N
If yes, which account? _____
- 3.) Do you want a VISA card on any account? Y N
If yes, which account? _____
- 4.) Do you need regular fund transfers to your bank? Y N
- 5.) Will you be having automatic deposits made to your account? Y N
- 6.) Do you want to receive trade confirmations by email? Y N
- 7.) Which account should be directly billed for management fees? _____

FOR TPA USE ONLY

OFAC Treasury Pass Date and Initial: _____
Accepted as Client Date and Initial: _____

New Account Checklist:**Individuals:**

Copies of your brokerage account statements (less than 90 days old)

Your Children:

Copies of your brokerage account statements (less than 90 days old)

SEP and SIMPLE IRAs:

Copies of your brokerage account statements (less than 90 days old)

If not adopting a Schwab Proto-Type Plan, a copy of the plan documents and summary plan description

Name, address and phone number of employer

Tax ID/EIN of organization

Organization/Corporate:

Copies of your brokerage account statements (less than 90 days old)

Tax ID/EIN of organization

Type of organization (ie. Corporation, S Corporation, Partnership): _____

State where incorporated

Nature of business

Name of corporate secretary

Estate:

Certified copies of death certificates

Copies of Powers of Appointment

Name and phone number of Estate attorney

Tax ID/EIN of Estate

ERISA (Profit Sharing Plans, Money Purchase Pension Plans, 401(k) Plans):

Copies of your brokerage account statements (less than 90 days old)

If not adopting a Schwab Proto-Type Plan, a copy of the plan documents and summary plan description

For all current trustees, ALL INFORMATION IN THE PERSONAL INFORMATION section of this information sheet.

A list of all current Plan participants

Tax ID/EIN of the Plan and corporate sponsor

Copy of recent participant statement

Names of record keeper, actuary and attorney

For Trust Accounts:

Copies of your brokerage account statements (less than 90 days old)

Copy of Trust document and all amendments or the Trust Synopsis

Tax ID/EIN of the Trust

For all current trustees, ALL INFORMATION IN THE PERSONAL INFORMATION section of this information sheet.

Identification of all beneficiaries of the Trust (family tree)

Name of Trust attorney