



CLIENT PROFILE QUESTIONNAIRE



FINANCIAL PLANNING | ASSET MANAGEMENT | INSURANCE

capitalizeyourfinances.com (253) 214-3050

The investment professionals are registered representatives with, and securities and advisory services offered through LPL Financial, a registered investment advisor, member FINRA/SIPC. CAPitalize Your Finances is a separate entity from LPL Financial.

CLIENT PROFILE QUESTIONNAIRE

Please complete the information below in order to facilitate establishing new accounts and investment account forms.

PRIMARY INVESTOR

First Name: _____ Last Name: _____ Middle Initial: _____ Suffix: _____

Social Security #: _____ Date of Birth: _____ Email: _____

Legal/Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Same as Legal/Physical Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: _____ # Dependents: _____ Citizenship: _____
(including yourself)

Drivers License/ID #: _____ State Issued: _____ Issue Date: _____ Exp. Date: _____

Please provide a copy

Employment Status: Employed Retired Student Unemployed

If retired, please provide former Industry and former Occupation

Employer Name/Source of Income: _____ Occupation: _____ Industry: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____ Employer Country: _____

Is the investor or a family member associated with a FINRA member firm, bank, insurance co., or investment advisor? Yes No

If yes, please describe: _____

Is this client or an immediate family member a corporate officer, director, and/or 10% shareholder of any public corporation? Yes No

If yes, name of the corporation, common stock symbol: _____

Is the investor an employee or related to an employee of the firm? Yes No

If yes, please describe: _____

Is this account for the benefit of a Politically Exposed Person (PEP)? Yes No

If yes, define the PEP position: _____

EMERGENCY CONTACT

The trusted contact person is intended to be a resource for LCG in administering your accounts, protecting your assets, and responding to possible financial exploitation. Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

Name: _____ Relationship: _____

Legal Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email Address: _____

Investor declines to provide a trusted contact

SECONDARY INVESTOR

Relationship: _____

Administrator, CFO, child, conservator, custodian, director, executor, general partner, guardian, investment advisor, investment manager, investor, member, officer, partner, power of attorney, president, principal, receiver, settler, shareholder, spouse, trading authority, trustee, etc.

First Name: _____ Last Name: _____ Middle Initial: _____ Suffix: _____

Social Security #: _____ Date of Birth: _____ Email: _____

Legal/Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Same as Legal/Physical Address

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: _____ # Dependents: _____ Citizenship: _____
(including yourself)

Drivers License/ID #: _____ State Issued: _____ Issue Date: _____ Exp. Date: _____

Please provide a copy

Employment Status: Employed Retired Student Unemployed

If retired, please provide former Industry and former Occupation

Employer Name/Source of Income: _____ Occupation: _____ Industry: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____ Employer Country: _____

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If yes, please describe: _____

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If yes, name of the corporation, common stock symbol: _____

Is the investor an employee or related to an employee of the firm? Yes No

If yes, please describe: _____

Is this account for the benefit of a Politically Exposed Person (PEP)? Yes No

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Name: _____ Relationship: _____

Legal Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email Address: _____

Investor declines to provide a trusted contact

FINANCIAL INFORMATION

Investment Objectives/Risk Tolerance:

- Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.
Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

Annual Income: approximate Net Worth: approximate, excluding primary residence Liquid Net Worth: approximate

Tax Bracket: 0% 10% 12% 21% 22% 24% 32% 35% 37%

Source of Wealth and Income: Employment Income Retirement Assets Investment Income Inheritance Sales of Home/Business Gift Other

Investment Experience: None Partnerships yrs Bonds yrs Annuities yrs Margin yrs Options yrs Mutual Funds yrs Stocks yrs Other yrs. Please check the products/strategies that best reflect your investment experience to date, and the number of years of experience for each.

Investment Time Horizon: 1 to 3 years 3 to 5 years 5 to 10 years 10 years or more

Funds Needed In: 0 to 3 years 3 year or more None

Indicate Percentage of Net Worth: Checking/Savings % Mutual Funds % Equities/Stock % Bonds % Insurance % Annuities % Real Estate % Alternatives % Other % Must total to 100%

Would you like to be set up for paperless account document delivery? Yes No You must have an email and a mobile phone number for this option.

ENTITY/TRUST INFORMATION

TIN: _____ Entity/Trust Name: _____
(include copy of Trust)

Trust Type: Revocable Irrevocable Registration Type: _____
(Corp, Trust, Partnership, LLC, etc.)

Name(s) of Trustee(s): _____ Date of Trust/Plan: _____

What state's laws govern the trust? _____

Mailing Address: _____
If different from other accounts mailing address

City: _____ State: _____ Zip: _____

BENEFICIARIES

Primary Name: _____ Relationship: _____ Share %: _____
Legal Address: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Date of Birth: _____ Phone: _____
 Per Stirpes *Deceased beneficiary portion will be distributed to this beneficiary's heirs equally* Pro Rata/Per Capita *Deceased beneficiary portion will be divided equally amongst remaining beneficiaries*

Primary Name: _____ Relationship: _____ Share %: _____
 Contingent Legal Address: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Date of Birth: _____ Phone: _____
 Per Stirpes Pro Rata/Per Capita

Primary Name: _____ Relationship: _____ Share %: _____
 Contingent Legal Address: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Date of Birth: _____ Phone: _____
 Per Stirpes Pro Rata/Per Capita