

Advisor Number: \_\_\_\_\_

**1. Client Name**

\*Name of Client \_\_\_\_\_

**2. Account Type** Use one form for each account

\*Clearing Type:  Schwab Clearing  Non-brokerage

\*Check One:  Commission  Fee

\*Institutional Classification:

- A bank, savings and loan association, insurance company, trust, or registered investment company
- Other entity - natural person, corporation, partnership, trust, or otherwise with total assets of at least \$50 million
- An account managed by an RIA registered with the Securities and Exchange Commission under section 203 of the Investment Adviser's Act of 1940 or with a state securities commission or any agency or of office performing like functions
- None of the above

**Individual Accounts**

Individual

Estate Appointee Type  Person  Entity Title: \_\_\_\_\_ Known Rep Since (YYYY): \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Entity Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Documentation Provided? (Please provide at least one and submit with paperwork)  
 Death Certificate  Court Appointment (cannot be older than 90 days)  Affidavit of Domicile

Sole Proprietor DBA Name: \_\_\_\_\_ Business Tax ID: \_\_\_\_\_

**Joint Accounts**

- |   |  |
|---|--|
| <input type="checkbox"/> Joint Tenants with Rights of Survivorship (JTWROS)     | <input type="checkbox"/> Community Property  |
| <input type="checkbox"/> Tenants in Common (TIC)                                | <input type="checkbox"/> Tenants in Entirety |
| <input type="checkbox"/> Community Property with Rights off Survivorship (WROS) |  |

**Custodial Accounts**

Guardian Ward Name: \_\_\_\_\_

Conservator Ward Name: \_\_\_\_\_

Minor (Select One):  UGMA  UTMA  
 Minor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Resident State: \_\_\_\_\_ Social Security Number / Tax ID: \_\_\_\_\_  
 Age of Termination: \_\_\_\_\_ State in which gift was given: \_\_\_\_\_

Please indicate the type of custodian and provide the required information below:

Guardian  Conservator  Custodian

1	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
2	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____

Documentation Provided? *For Guardian and Conservator accounts (please submit with account paperwork)*

Court Document

**Retirement Accounts** IRA

\*Type of IRA:

 Traditional  Roth  Roth Conversion  SEP IRA  Simple IRA

\*Type:

 Participant  Rollover  Spousal  Inherited  Guardian  Inherited Guardian

For inherited accounts, please provide the name of deceased: \_\_\_\_\_

 Retirement Account:

\*Type of Retirement Plan:

 Individual 401(k)  Profit Sharing  401(k)  Simple 401(k)  Defined Benefit  Money Purchase Pension Prototype SEP  SAR SEP

\*Custodian of Choice for Brokerage Accounts only:

 Third Party Custodian  Third Party Administrator  Schwab

\*Plan Name for Brokerage Account: \_\_\_\_\_

Plan Date: \_\_\_\_\_

\*Plan Tax ID: \_\_\_\_\_

Third Party Administrator for Brokerage Account with TPA as Custodian: \_\_\_\_\_

\*Plan Trustee: \_\_\_\_\_

Trustee #1	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
Trustee #2	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____

**Education Accounts** 529 Plan (non-Brokerage Accounts only) FBO: \_\_\_\_\_ Education Savings Account:

\*Minor/Ward Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Resident State: \_\_\_\_\_ Tax ID: \_\_\_\_\_

\*Custodian Choice for Brokerage Accounts Only:  Schwab  Third Party Custodian**Trust Accounts** Revocable Irrevocable

Trust Date (MM/DD/YYYY): \_\_\_\_\_ Short Name: \_\_\_\_\_ State of Domicile: \_\_\_\_\_

Trust Tax ID: \_\_\_\_\_ Trust Name: \_\_\_\_\_

Trustee Name(s): \_\_\_\_\_

Trustee #1	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
Trustee #2	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____

Trust Documents Provided (Select one and include with account paperwork)

 Trust Document Trustee Certification of Investment Powers

Education Savings Account:

\*Minor/Ward Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Resident State: \_\_\_\_\_ Tax ID: \_\_\_\_\_

\*Custodian Choice for Brokerage Accounts Only:  Schwab  Third Party Custodian

### 3. Account Suitability

**\*Time Horizon:** The expected period of time you plan to invest to achieve your Financial goal(s).

under 1 year  1-2 years  3-5 years  6-10 years  11-20 years  over 20 years

**\*Liquidity Needs:** The ability to quickly and easily convert to cash all or a portion of the investment(s) in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one):

Very Important  Important  Somewhat Important  Does Not Matter

**\*Risk Tolerance**

Conservative  Moderately Aggressive  
 Moderately Conservative  Aggressive  
 Moderate

**\*Investment Objectives (Highest 1 – Lowest 6)**

\_\_\_ Capital Preservation \_\_\_ Capital Appreciation  
\_\_\_ Growth \_\_\_ Speculation  
\_\_\_ Income \_\_\_ Tax Advantaged

### 4. Additional Information

**\*Source of Funds** (Check One)

Sale of Business  Earnings  Lottery/Game Proceeds  Legal Settlement  Investment Proceeds  Other  
 Spouse/Parent  Inheritance  Gift  Insurance Proceeds  Pension/IRA/Retirement

**\*Tax Exempt Status:**  Exempted from Reporting  Non-exempt – Reporting Required

### 5. Instructions for Brokerage Account

**\*Standing Instructions:**

Payment:  Hold  Remit  
Dividends/Interest:  Credit Account  Send to Customer  
Securities Received:  Hold in Street Name  Transfer to Customer and Ship  
Margin/Option:  Margin/Option Agreement Required

**\*Specified Money Market Fund:** \_\_\_\_\_

If no money market fund is specified and the account type is eligible, funds will sweep to the Insured Deposit Program. If the account type is not eligible, the account will receive Schwab Free Credit Interest.

Standing instructions and Money Market Fund are defaulted (or preset) for retirement accounts.

Interested Party  Statements  Confirms

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Interested Party  Statements  Confirms

Name: \_\_\_\_\_

Address: \_\_\_\_\_