

Client Profile

Send Documents to client via eSignature Sign in person Paper forms (Advisor to deliver to client)

ACCOUNT OPENING						
Program Type (Direct, Brokerage, SAM, etc...)	Account Registration (must match statement) IRA, Individual, Trust, etc...	Contra/Sponsor Name & Account #	Investment Objective a) Income w/ Cap Pres b) Income w/ Mod Growth c) Growth w/ Income d) Growth e) Aggressive Growth f) Trading	Advisory Fee (if appl)	Full Discretion Y / N	Approx. Acct Value

CLIENT INFORMATION

First/M/Last Name or Entity Name _____ Male Female
 SSN/TIN _____ Birthdate _____ Married Single
 Mailing address _____
 Physical Address (if different from above) _____
 Home Phone _____ Mobile Phone _____
 Email Address _____

Employment Information

Retired? No Yes (if yes, include former occupation and industry)
 Occupation _____ Industry _____
 Employer Name _____
 Employer Address _____

SPOUSE / JOINT ACCOUNT HOLDER INFORMATION

First/M/Last Name or Entity Name _____ Male Female
 SSN/TIN _____ Birthdate _____ Married Single
 Mailing address _____
 Physical Address (if different from above) _____
 Home Phone _____ Mobile Phone _____
 Email Address _____

Employment Information

Retired? No Yes (if yes, include former occupation and industry)
 Occupation _____ Industry _____
 Employer Name _____
 Employer Address _____

TRUSTED CONTACT INFORMATION (optional)

Name _____ Relationship to Account Holder _____
 Address _____ Email _____ Phone _____

Securities offered through LPL Financial, Member FINRA/SIPC. Investment Advice offered through Great Valley Advisory Group, a registered investment advisor. Great Valley Advisory Group and Parker Bennett are separate entities from LPL Financial.

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SUITABILITY

Annual Income: _____ A. Less than \$25,000 E. Between \$250,000 - \$499,999
 Net Worth: _____ B. Between \$25,000 - \$49,000 F. Between \$500,000 - \$749,999
 Liquid Net Worth: _____ C. Between \$50,000 - \$99,999 G. Between \$750,000- \$999,999
 Tax Bracket: _____ % D. Between \$100,000 - \$249,999 H. \$1,000,000 and over

Net Worth must total 100% (do not include primary residence)

Checking/savings _____ % Mutual Funds _____ % Equities _____ % Bonds _____ % Insurance _____ %
 Annuities _____ % Real Estate _____ % Alternative invest. _____ % Other _____ % (please specify) _____

Investment Experience # of years

Annuities _____ Mutual Funds _____ Partnerships _____ Margins _____ Stocks _____ Bonds _____
 Options _____ Other _____ (please specify) _____

Investment Needs

What is your investment time horizon for this account? _____ Years

If you have liquidity needs from the funds in this account, which account type will it be, approximate dollar amount, and when do you need these funds? _____ 0-3 yrs 3+ yrs

ACCOUNT FEATURES AND OPTIONS

AccountView – client online access? No Yes Paperless statements? No Yes Paperless Prospectus? No Yes
 Structured Products? No Yes Margins? No Yes Options? No Yes
 Add Check writing? Premier Premier Plus (Debit card and annual fee)

MOVE MONEY (Please specify periodic instructions)

<u>LPL Registration</u>	<u>Gross Amt</u>	<u>Freq & Start Date</u>	<u>Non-Retirement</u>	<u>Retirement</u>
_____	\$ _____	_____	<input type="checkbox"/> ACH Authorization (On Demand)	<input type="checkbox"/> Distribution (On Demand)
_____	\$ _____	_____	<input type="checkbox"/> ACH Authorization (Periodic)	<input type="checkbox"/> Distribution (Periodic)
Routing/Acct # _____ / _____			<input type="checkbox"/> Wire Authorization	<input type="checkbox"/> Contribution (On Demand)
Bank name _____			<input type="checkbox"/> Third Party Check	<input type="checkbox"/> Contribution (Periodic)
Bank account name _____				<input type="checkbox"/> RMD: <input type="checkbox"/> 10 th or <input type="checkbox"/> 25 th
Qual acct tax withholding: Fed _____ % State _____ %				

BENEFICIARY AND CUSTODIAL INFORMATION

If applicable – SSN and DOB not required. Please use a separate page for any additional beneficiaries.

Beneficiaries / TOD

Name: _____
 Birthdate: _____
 SSN: _____
 Relationship: _____
 Primary Contingent
 Beneficiary's percentage of benefit: _____ %

Name: _____
 Birthdate: _____
 SSN: _____
 Relationship: _____
 Primary Contingent
 Beneficiary's percentage of benefit: _____ %

Name: _____
 Birthdate: _____
 SSN: _____
 Relationship: _____
 Primary Contingent
 Beneficiary's percentage of benefit: _____ %

Name: _____
 Birthdate: _____
 SSN: _____
 Relationship: _____
 Primary Contingent
 Beneficiary's percentage of benefit: _____ %

Custodial Accounts (if applicable)

Child's Name: _____
 Child's Birthdate: _____
 Child's SSN: _____

Child's Name: _____
 Child's Birthdate: _____
 Child's SSN: _____