



CLIENT PROFILE

The information provided by you on this profile sheet will be used to open your new accounts and help with our financial planning process. You have the right to request a completed copy of your Commonwealth Financial application. Please consult your financial advisor for this request.

CLIENT INFORMATION

Name _____ Birthdate _____
 SSN _____ Marital Status _____
 Drivers Licenses # _____ Birth Place _____
 State _____ Email Address _____
 Issue Date _____ Home Phone _____
 Expiration Date _____ Cell Phone _____
 Preferred Time to Meet (*Check One*) _____ Business Phone _____
 Spring Summer Fall Winter *Please Check Primary Method of Contact*
 Physical Address _____
 Mailing Address _____
If not the same as physical

EMPLOYER INFORMATION

Retired: Yes No (*If yes, please include former employer & occupation*)
 Occupation _____ Industry _____
 Employers Name _____ Employers Phone Number _____
 Employers Address _____

CLIENT INCOME INFORMATION

Annual Income: \$ _____ Federal Tax Bracket _____
 Total Assets: \$ _____ Total Liabilities: \$ _____
 Net Worth: \$ _____ Liquid Net Worth: \$ _____

INVESTMENT EXPERIENCE & OBJECTIVES

Investment Experience (*number of years*)
 None ___ Margin ___ Stocks ___ Bonds ___ Options ___ Mutual Funds ___ Partnerships ___
 Other (*Specify* _____)

Investment Objective (*please check one*)
 Income with Capital Preservation Income with Moderate Growth
 Growth & Income Growth Aggressive Growth Trading

Investment Positions

Please summarize your investments positions. It must total 100%. Do not include primary residence.
 Real Estate ___% Mutual Funds ___% Check/Savings ___% Annuities ___% Insurance ___%
 Equities ___% Alt-Inv. ___% Bonds ___% Other ___% *Explain* _____

Investment Needs

What is your investment time horizon? Short Intermediate Long _____ Years?
 What is your investment risk tolerance? Low Moderate High
 Do you have liquidity needs from the funds in this account? Yes No
 (*If yes, please specify the following: Amount: \$ _____ Time _____*)

INVESTMENT INFORMATION

Cash Reserves/ Savings:

Cash _____ Purpose for Cash _____
 Savings _____ Purpose for Cash _____
 Checking _____ Purpose for Cash _____
 Money Market _____
 CD's _____

BENEFICIARIES (IF APPLICABLE)

Beneficiary #1

Name _____
 Birthdate _____
 Relationship _____
 Primary Contingent
 SSN _____
 Beneficiary's Percentage of Benefits: ____%

Beneficiary #2

Name _____
 Birthdate _____
 Relationship _____
 Primary Contingent
 SSN _____
 Beneficiary's Percentage of Benefits: ____%

Beneficiary #3

Name _____
 Birthdate _____
 Relationship _____
 Primary Contingent
 SSN _____
 Beneficiary's Percentage of Benefits: ____%

Beneficiary #4

Name _____
 Birthdate _____
 Relationship _____
 Primary Contingent
 SSN _____
 Beneficiary's Percentage of Benefits: ____%

Please use a separate page for any additional beneficiaries.

ESTATE PLANNING

Do you have a Will in place? Yes No *If yes, when was is last updated?* _____

Do you have a POA in place? Yes No *If yes, when was is last updated?* _____

Other Estate Documents in place:

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