

- Denotes Required Field
   Denotes Required Field, if applicable
   Denotes Optional Field

RF	C7P	RR2 C7P		
Pre	efix	eSign:Y	N	
Wa	s another T	eammate Invo	lved? Y	N
If \	'es, Teamma	ite:		

# **CLIENT & ACCOUNT QUESTIONNAIRE**

TYPE OF ACCOUNT

## Simple IRA

Full Legal Name (First, Mic	ddla Lasti					
	odle, Last)					
Cell Phone		Home Phone			Email**	
Legal Address*						
ddress Line 1				Address Line 2		
City		State Providence		Zip/Postal Code		Country
Mailing Address Same	e as Legal Address					dental y
ddress Line 1				Address Line 2		
ity		State Providence		Zip/Postal Code		Country
eck one: Single N	Married # of Dependents	The Control of Control		Check one: US Citizen	Resid	ent Alien
ountry of Citizenship			Country of Tax	Residency		
	raya a managa a manag					
heck one: SSN	Social Security/Tax	payer ID Number	Date of Birth (N	MM DD YYYY)	Type of Governme	nt-Issued ID
Number			01.1.10			
J Number			State/Country of	of ID Issuance	ID Issuance Date	ID Expiration
Employer Information (If re Check one:	Not En	ipioyed		name and income sourc		
Employer Information (If recheck one:	Occ	upation***	ccupation, employer			ID Expiration
imployer Information (if nicheck one:	Occ	upation*** ber is, a senior foreig	ccupation, employer	name and income source Employer Name*** JBR	e)	Income Source**
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Investment and Insurance Products:

 ${\color{red} \bullet} Are\ not\ FDIC\ or\ anyother\ Government\ Agency\ Insured\ {\color{red} \bullet} Are\ not\ Bank\ Guaranteed\ {\color{red} \bullet} May\ Lose\ Value$ 

Address Line	1					Address Line	e 2			districted and section of the sectio		
City State Providence			State Providence	æ	Zip/Postal Code		Count	ry		***************************************		
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Check one:	Emplo	yed	Retired	NotEmploy	red							
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mployer Star	rt Date***		Occu	pation***		Employer Na	ame***					
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#### Investment Profile\*

Investment Objectives Rank yourinvestment objectives forthisaccount inorder of importance (1 being the highest).	Risk Tolerance Conservative	General Investment Knowledge  Limited
Preservation of CapitalIncome	Moderately Conservative Moderate Moderately Aggressive Agressive Investment Time Horizon	Good Extensive
Trading ProfitsOther:	Near Term	

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vestment Product Kn	owledge					MBASA SANSAS AND
eck either None, Limited, Good	d, or Extensive based on your knowledge	e of the following:				
	and the second second of the second s		None	Limited	Good	Extensive
Stocks			П	П		F
Bonds						
***************************************						
Short Term			Control of Augustin Committee and Street Committee and Com			The Control of the Co
Mutual Funds	and the games of the second state of the control of					
***************************************					П	
Options		elemente a prima participar de contrata e contrata e forma e forma esta en esta en elementar de contrata e con				
Variable Contracts			L			
variable contracts				100 p.s 1		ПП
Annuities			The state of the s			
			Ш	Ш		
Alternative Investments (to	include Limited Partnerships, Futures,				III	П
Foreign Currency and Foreign Margin	n Securities)		H	H	닐	닏
Wargitt						
nsult with my broker ke my own decisions nsult with my family/friends sets Held Away* - Prov I value of assets held away;	Yes No Yes No No Yes No Stocks	Bonds	et. Total of all percenta Short Term	ages must equ	al 100%. Mutual Funds	
	%	%		%		%
	Options %	Variable Contracts %	Annuities	%	Alternative Investments	%
	0.11					
	Other					

### **ACCOUNT CHARACTERISTICS\***

	One or more holders are employees of your E	Broker/Dealer* Yes 🚺 N	lo		
	One or more holders are employees of the Ba	ank associated with your Broker/Dealer*	Yes Vo		
<b>√</b>	Cost Basis  FIFO - FIRST IN, FIRST OUT  LIFO - LAST IN, FIRST OUT  INFI - INTRADAY FIRST IN, FIRST OUT  Tax Certification (US Citizen / Reside	HICO - HIGH COST IN, FIRST OUT LOCO - LOW COST IN FIRST OUT TXSN - TAX SENSITIVE	HICL - HIGH COST IN, FIRST OUT, LONG TE LOCL - LOW COST IN, LONG TERM STTS - SHORT TERM TAX SENSITIVE	ERM HICL - HIGH COST IN, FIRST OUT, SHO	RT TERM
<b>√</b>	Proceeds from Sales Hold Proceeds Remit by Check DBSX		Security Purchases  Hold in Street Name		
<u>!</u> () () () () () () () () () () () () ()	RAMCQ Truist Bank Single Bank Level Rate CTMMQ Level Rate Multibank Sweep — Man Federated Treasury Obligations Fur	Andre Commission Dassed Sweep – Managed - (Advisory/Managed I aged - (Taxable Advisory/Managed Accor Id TR Shares - (Commission based Keog Id IS Shares - (Advisory/Managed Keogl	ih & Solo 401K Accounts) n & Solo 401k Plan Accounts)		
]	Handle all dividends and distributions like sa Reinvestmutual Ifund and equitydividends;h Reinvest mutual fund dividends;handleall of Reinvest equity dividends; handle all other dividends.	lles proceeds andleall otherdistributionslike sales proceed herdistributions likesales proceeds			
	fill this account settle through, or be linked to, a T		Account Type Truist Bank Account Number Truist Bank Account Number	uist ABA Number	
	Duplicate Mailing Information*  Do you wish to send NAP/RAP informatic Do you wish to send duplicate statement Send this party duplicate	and or confirm to thrird parties Yes			
Nan	le				
Add	ress Line 1		Address Line 2		
City		State Providence	Zip/Postal Code	Country	

Rev. 05/21/21

rimary i rusted(	Contact Person-Account C	wner1_**			Check	here if you	would like to wa	nive adding TC	P
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Selectone.	Politica de la constitución de l	Beneficiary	Name						
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Select one.	Spouse	Beneficiary Name							
Primary  Contingent	Non-Spouse	Check one:	ΓIN	Social Security/	ity/Taxpayer ID Date of Birth/Trust MM DD YYYY		Share Percentage		
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elect one.	Spouse	Beneficiary I	Name						Per Stirpes
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	Trust	Country of Citizenship/Organization		Organization	Name of Trustee(s) (if applicable)				
	FORMATION (if applicable)	**							
rust Name			Country of Organization			Country of Tax Residency			
heck one:	Social Security/Taxpa	yer ID Number	Trust D	ate (Required for Tr	r Trusts) Type of Government-Issued ID		ssued ID		
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Complete this section <b>ONLY</b> if your dian/Conservator is an entity	ou have checked either th	ne Estate, Entity or Trust ch ficial Ownership form may	eck box in "Type of IRA BDA Account" or if the Cus be required. Consult with your investment represer	todian c
F , ( ) ,	ate/Entity/Trust Name			
	payer ID Number	Trust Date required for tru	State/Country	
	Trusts, can the Trust be A	mended or Revoked? 🗌	Yes Provide name below. No	
For Trusts, provide the name of the person who	t Name	Middle Name	Last Name	
	t Name	Middle Name	Last Name	

Investment and Insurance Products:

 $<sup>\</sup>bullet \ Are \ not \ FDIC \ or any \ other Government Agency Insured \\ \bullet Are \ not \ Bank \ Guaranteed \\ \bullet May \ Lose \ Value$