

# Michigan Securities, Inc. - New Account Worksheet

Rev. 2019-November 21415 Civic Center Drive #200 Southfield, MI 48076 Local: 248-358-4393 Fax: 248-358-4374

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Registered Advisor's Name: \_\_\_\_\_

Registered Advisor's Business Phone Number: \_\_\_\_\_ Rep. Number: \_\_\_\_\_

Estimated Transaction Amount: \$ \_\_\_\_\_

Source of Funds: \_\_\_\_\_

**ACCOUNT OWNER:** Marital Status: \_\_\_\_\_  New Client  Existing Client

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

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Driver's License (State of issue): \_\_\_\_\_

**JOINT ACCOUNT OWNER:** Marital Status: \_\_\_\_\_  New Client  Existing Client

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

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Driver's License (State of issue): \_\_\_\_\_

**Trusted Contact:** A primary and alternate trusted contact, who must be 18 years or older, may be designated for your accounts. If your Broker/Dealer or Investment Advisory has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, your Broker/Dealer or Investment Advisory is authorized to contact the trusted contact and:

- Provide the trusted contact(s) with information about you and/or your account, but not the ability to transact on your account.
- Inquire about whether another person or entity has the legal authority or act on your behalf (e.g. legal guardian, conservator, or trustee).
- Inquire about your current contact information or health status.

**PRIMARY TRUSTED CONTACT:**  I/We elect not to add a Trusted Contact

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

Relationship to Account Owner(s): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

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

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

**ALTERNATE TRUSTED CONTACT:**  I/We elect not to add an Alternative Trusted Contact

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

Relationship to Account Owner(s): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

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

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

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Name of Investment Company(s): \_\_\_\_\_

Name of Investment Product(s): \_\_\_\_\_

\_\_\_\_\_ **I HAVE RECEIVED THE PROSPECTUS/PRODUCT SUITABILITY LITERATURE** and understand that it is my responsibility to read this literature. It has been explained to me, and I fully realize, that this is a risk investment and my account may increase or decrease in value. I understand that there will be sales charges upon purchases of this investment as stated in the literature. I understand that all the information is subject to verification by outside sources.

\_\_\_\_\_ **TRANSFER FORMS with APPLICATION.** I wish to move \_\_\_\_\_ all \_\_\_\_\_ a portion \_\_\_\_\_ of my investment(s) From \_\_\_\_\_ To \_\_\_\_\_. I am satisfied with the facts presented to me, and agree that placing the proceeds in the above mentioned investment(s) is in my best interest. I understand that there may or may not be additional fees and penalties, and that my account may increase or decrease in value. I understand that all information is subject to verification by outside sources.

\_\_\_\_\_ **CHECK RECEIVED with APPLICATION.** (Date Check Received by Advisor: \_\_\_\_/\_\_\_\_/\_\_\_\_ )

## SUITABILITY SECTION (Must be Completed):

**Objectives:** \_\_\_\_\_ Growth \_\_\_\_\_ Income \_\_\_\_\_ Shelter \_\_\_\_\_ Other \_\_\_\_\_

**Risk Exposure:** \_\_\_\_\_ Low \_\_\_\_\_ Moderate \_\_\_\_\_ Speculation \_\_\_\_\_ High Risk

Household Annual Income: \_\_\_\_\_ Liquid Assets: \_\_\_\_\_ Federal Tax Bracket: \_\_\_\_\_ Net Worth (ex. home): \_\_\_\_\_

Liquidity Needs (per mo.): \_\_\_\_\_ Investment Time Horizon (yrs.): \_\_\_\_\_ Investment Experience (yrs.): \_\_\_\_\_

Transaction Reasons/Comments:

**(Be Client Specific & Detailed - i.e. M&E costs, New Riders, Lower Fees, Reasons for Exchange, etc)**

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## ALTERNATIVE INVESTMENTS SECTION (client must initial):

\_\_\_\_ I have received the prospectus/investment literature & understand the risks involved along with any options, commission  
**(Initial)** structures, and breakpoints available. The differences have been explained to me by my advisor.

Share Class: \_\_\_\_\_ Reason Class Selected: \_\_\_\_\_

## MUTUAL FUNDS SECTION (client must initial):

\_\_\_\_ I have received the prospectus/investment literature & understand the risks involved along with any options, commission  
**(Initial)** structures, and breakpoints available. The differences have been explained to me by my advisor.

**I have read the FINRA "Mutual Funds Discounts Disclosure Statement"**

Share Class: \_\_\_\_\_ Surrender Period (yrs.): \_\_\_\_\_ Reason Class Selected: \_\_\_\_\_

Class Breakpoint Available: \_\_\_\_\_ YES \_\_\_\_\_ NO Surrender Charge Left: (Old Investment): \$ \_\_\_\_\_

## LIFE and ANNUITY (all types) SECTION (client must initial):

\_\_\_\_ I have received the prospectus/investment literature & understand the risks involved along with any options, commission  
**(Initial)** structures, and breakpoints available. The differences have been explained to me by my advisor.

**If I am buying a Variable Annuity, I have read the SEC's Variable Annuities information bulletin.**

**(Available at: [https://www.sec.gov/oica/investor-alerts-and-bulletins/ib\\_variableannuities](https://www.sec.gov/oica/investor-alerts-and-bulletins/ib_variableannuities))**

**NEW INVESTMENT:** Surrender Period (yrs.): \_\_\_\_\_  
Surrender Schedule (all years): \_\_\_\_\_

**OLD INVESTMENT:** Surrender Period Left (yrs.): \_\_\_\_\_ Surrender Charge Left: \$ \_\_\_\_\_

**Has the client executed ANY EXCHANGE INVOLVING A DEFERRED ANNUITY  
in the CURRENT calendar year OR the last THREE (3) calendar years?**

\_\_\_\_ NO

\_\_\_\_ YES: \* **For EACH policy, list the month/yr. opened, and the current investment co.**

\* **Explain why a NEW account is needed instead of using the client's current investment(s)**

# Michigan Securities, Inc. - New Account Worksheet

## DISCLOSURE / AUTHORIZATION SECTION (Must be Completed):

Is the client or any other member of their immediate family (spouse, parents, children and their spouses, brother, sister, or any in-law) employed by or otherwise affiliated with a broker/dealer, bank, insurance company, savings & loan, or other financial institution?

\_\_\_ NO \_\_\_ YES: \_\_\_\_\_

### COMMISSIONS / PAY:

As a Financial Professional, I am being compensated in connection with my recommendations to you to purchase the Product(s). My compensation is expressed as a percentage of gross annual premium payments as follows:

\_\_\_\_\_ % 1<sup>st</sup> Year (Including all bonuses, marketing incentives, 3<sup>rd</sup> party arrangements, etc.)

\_\_\_\_\_ % in each year after the first (1<sup>st</sup>) year

### CONFLICTS of INTEREST:

The Financial Professional may be affected by potential conflicts of interest in connection with the purchase of, additional payments to, or distributions from, the investment product. A conflict of interest exists when a reasonable person would conclude that a financial interest affects the Financial Professional's best judgement when recommending the purchase of a certain investment product.

The Investment Company, any applicable agency of the Financial Professional, and/or the Financial Professional may receive services from third parties related to the marketing, training, administration, wholesaling, supervision, issuance, and servicing of the investment product. For those services, such third parties may also receive compensation from the Investment Company and may allocate a portion of its compensation to the Financial Professional.

**As a Financial Professional, the following are the material conflicts of interest relevant to my recommendations, in relation to your decision to purchase this/these Specific Product(s) IN ADDITION TO the standard commission/pay that I receive:**

### **SIGNATURES: (Form MUST be completely filled out, initialed and signed by the client and advisor.)**

Client and Michigan Securities, Inc. (MSI) agrees that all controversies which may arise concerning any transaction or the construction, performance, or breach of this or any other agreement between Client and MSI, whether entered into prior to, on, or subsequent to the date, hereof, shall be determined by arbitration. Arbitration is final and binding to all parties. The parties are waiving their right to seek remedies in court, including the right to jury trial.

Pre-arbitration discovery is generally more limited than and different from court proceedings. The arbitrators' award is not required to include factual findings or legal reasoning and the party's right to appeal or seek rulings modifications of the arbitrator is strictly limited. The panel of arbitrators will typically include a minority of arbitrators who are affiliated with the securities industry.

This contract shall be governed by the laws of the State of Michigan, and shall inure to the benefit of and binding upon the undersigned, their representatives, attorneys-in-fact, administrators and assigns. Any controversy arising out of or relating to Client's accounts, to transactions with it or for it or to this agreement or the breach thereof and whether executed within or outside the United States of America shall be settled by arbitration before the Financial Industry Regulatory Authority, or any may elect and under then existing arbitration procedures of the forum Client has elected. If Client does not make such election by registered mail addressed to MSI at its main office within thirty days after demand by MSI then MSI will make such election. Notice preliminary to, or in conjunction with, or incidental to such arbitration proceeding, may be sent to Client by certified mail or receipted express mail, or by receipted delivery. Judgment upon any award rendered by the arbitrators may be entered in any court having jurisdiction thereof.

⇒ \_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

⇒ \_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

⇒ \_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

⇒ \_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)