



Client Information Profile

Please be aware that the information provided on this document is for information purposes only.
LPL Financial will take no action based on the information provided herein.

Primary account owner

First, Middle, Last Name

Home Phone

Business Phone

Cell Phone

Fax Number

Email Address

Date of Birth

Social Security Number/TIN#

Occupation, Employer, Position & Years *(if retired, please provide name of former position)*

Employer Address

Marital Status: ☐ Single ☐ Married ☐ Widowed

Education Level & Alma Mater

of dependents (if any)

Joint account owner

First, Middle, Last Name

Home Phone

Business Phone

Cell Phone

Fax Number

Email Address

Date of Birth

Social Security Number/TIN#

Occupation, Employer, Position & Years *(if retired, please provide name of former position)*

Employer Address

Marital Status: ☐ Single ☐ Married ☐ Widowed

Education Level & Alma Mater

of dependents (if any)

Mailing address

Street Address

City / State / Zip

Legal address *(if different from mailing address)*

Street Address

City / State / Zip

Beneficiary / Inherited IRAs

Decedent Name: _____

Decedent DOB / DOD: _____

For the benefit of (FBO): _____

Distribution Election: ☐ 5 yr or ☐ Single Life

Associated person information *(if applicable)*

This information will need to be provided for each person associated with your accounts (i.e., POAs, Trustees, Corporate Officers, etc.)

Name or Entity Title

SSN or Tax ID

Date of Birth

Home Phone

Street Address (cannot be a P.O. Box)

City

State

Zip

Email address

Employer *(if retired, please provide name of former employer)* Occupation Number of Years

Business Phone

Children *Complete this information if you have custodian accounts, 529 Plans or Education IRAs.*

If you have additional children, please include a separate sheet.

If 529/custodial account, successor custodian or owner (if applicable):

Name

SSN#

Date of Birth

Dupe 529 statement to parent? ☐ Yes ☐ No

Name

SSN#

Date of Birth

Financial information (select the corresponding letter from the chart below)

Household annual income _____ Liquid assets _____ Total net worth (excluding residence) _____

A. 0 – \$24,999 B. \$25,000 – \$49,999 C. \$50,000 – \$99,999 D. \$100,000 – \$249,999 E. \$250,000 – \$499,999

F. \$500,000 – \$749,999 G. \$750,000 – \$999,999 H. \$1,000,000 and over

Tax bracket Please select the corresponding letter from the chart and check the box that most closely matches your current tax bracket.

☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37% ☐ other

Percent of Net Worth in the following categories (must total 100%) Checking/Savings _____ Mutual Funds _____

Equities/Stock _____ Bonds _____ Real Estate _____ Insurance _____ Annuities _____ Alt. Invest. _____

Investment experience of primary account owner (indicate number of years) A. 0 B. 0-5 C. 5-10 D. 10 or more

Stocks _____ Bonds _____ Options _____ Annuities/Life Insurance _____ UITs _____ Mutual funds _____

Source of wealth and income:

☐ Employment Income ☐ Gift

☐ Employment Income ☐ Inheritance

☐ Investment Income ☐ Other

☐ Sale of Home or Business

Account characteristics

Risk tolerance	Features	Communication
<input type="checkbox"/> Income with Capital Preservation	<input type="checkbox"/> Direct deposit / Bill Pay <input type="checkbox"/> Check writing	Preferred method of communication
<input type="checkbox"/> Income with Moderate Growth	<input type="checkbox"/> Debit card (Maiden Name: _____)	<input type="checkbox"/> Mobile Phone
<input type="checkbox"/> Growth with Income	<input type="checkbox"/> Mail dividends/interest	<input type="checkbox"/> Home Email
<input type="checkbox"/> Growth	<input type="checkbox"/> On-line account access <input type="checkbox"/> Reinvest stock dividends	<input type="checkbox"/> Work Email
<input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> IRA distributions/contributions (Taxes: _____)	

Trust account information (if applicable)

Title of the trust assets (state how assets should be titled) _____

Date of trust: _____ Amendment date: (if applicable) _____

Grantor(s) name: _____

Successor trustee(s) (if applicable): _____

Is the trust revocable? ☐ Yes ☐ No (if applicable, name of person with authority to revoke) _____

Has the trust been modified or revoked so as to render the certification inaccurate? ☐ Yes ☐ No

Is the trust governed by U.S. law? ☐ Yes ☐ No If so, what state? _____

Trusts created in the following states will require notary signature on Trustee Certification of Investment Powers: CA, DE, ID, IA, KS, MI, NE, NV, OK, TN or TX

Retirement account beneficiary information Complete these fields only if you have retirement accounts (traditional IRA, Roth IRA Education IRA, SEP, SIMPLE). If you have additional primary or contingent beneficiaries, please include a separate sheet.

Primary Beneficiary	SSN#	Date of Birth	%	Per Stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____				If yes, designation? (i.e. Pers Rep, Executor)
_____				_____
_____				Name of personal rep or executor, if know:
_____				_____
Contingent Beneficiary	SSN#	Date of Birth	%	

Community property states: AZ, CA, ID, LA, NV, NM, TX, WA, WI

Direct Deposit Program

Name of Bank: _____

Name on Account: _____

ABA Routing#: _____

Acct #: _____

☐ Periodic deposits/withdrawals to/from bank **Amount \$** _____

Tax withholding

Federal _____%

State _____%

Trusted Contact for Emergencies

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

E-mail: _____