

Name (First, Middle, Last)			<b>Account Number:</b> _____	
Home/Legal Street Address (No P.O. box maybe used)			<b>Amount:</b> \$ _____	
City	State	ZIP Code	<input type="checkbox"/> Ind'l <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> IRA <input type="checkbox"/> Corp <b>Combined Tax Bracket:</b> _____% (Federal + State)	
Social Security/Tax ID Number		Date of Birth (mm/dd/yyyy)	Email address	
Home Phone Number (   )   -		Business Phone Number (   )   -	Cellular Phone Number (   )   -	
Country(ies) Of Citizenship (must list all)			Country of Legal Residence	
ID Number (Passport, US Driver's License)	State of Issuance	Issue Date (mm/dd/yyyy)	Expiration (mm/dd/yyyy)	
Employer Name	Occupation/Position	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Non-Employed		
Business Address Line 1 (No P.O. box)	Line 2	City	State	ZIP Code
<b>SPOUSE INFORMATION</b>				
Spouse Name (First, Middle, Last)		Citizenship	Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____ (   )   -	
Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)		Email address	
ID Number (Passport, US Driver's License)	State of Issuance	Issue Date (mm/dd/yyyy)	Expiration (mm/dd/yyyy)	
Employer Name	Occupation/Position	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Non-Employed		
Business Address Line 1 (No P.O. box)	Line 2	City	State	ZIP Code
<b>FINANCIAL &amp; INVESTMENT INFORMATION</b>				
<b>Annual Income</b> (from all sources) <input type="checkbox"/> Under \$25,000 (amount): _____ <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$200,000 <input type="checkbox"/> \$200,000+ (amount): _____		<b>Estimated Liquid Net Worth:</b> <input type="checkbox"/> Under \$100,000: _____ <input type="checkbox"/> \$100,000 - \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> \$1,000,000 - \$1,500,000 <input type="checkbox"/> \$1,500,000+ : _____		<b>Estimated Net Worth:</b> <input type="checkbox"/> Under \$100,000: _____ <input type="checkbox"/> \$100,000 - \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> \$1,000,000 - \$1,500,000 <input type="checkbox"/> \$1,500,000+ : _____
<b>Investment Time Horizon</b> <input type="checkbox"/> Up to 3 years <input type="checkbox"/> 4-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 10+ years		<b>Investment Objectives</b> (check all that apply): <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Long Term Growth <input type="checkbox"/> Trading Profits		<b>Email Consent</b> I/We consent to receiving e-mail communication from Apriem Advisors which may contain personal financial information.  (please initial) _____ / _____
<b>Risk Tolerance:</b> (Most Conservative) 1   2   3   4   5   6   7   8   9   10 (Most Aggressive)				

HEIRS / BENEFICIARY INFORMATION <i>(Children, grandchildren, friends, etc.)</i>			
Name (First, Middle, Last)	Social Security/Tax ID #	Relationship	Birthdate (mm/dd/yyyy)
INVESTOR PROFILE			
<b>Rate your overall investment knowledge and experience.</b> <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<b>Which scenario would cause you the greatest amount of stress?</b>  <input type="checkbox"/> Not owning stocks when the market goes up  <input type="checkbox"/> Owning stocks when the value of the stocks drop	<b>I want:</b>  <input type="checkbox"/> Limited variability but with lower long-term returns.  <input type="checkbox"/> To match market returns over the long-term and am willing to accept temporary return fluctuations.  <input type="checkbox"/> Above-average long-term returns and am willing to accept swings in the value.	
<b>Considering your investment time horizon and the risk and return issues important to successful investing, which one of the following investment objectives most closely meets your needs and circumstances?</b>  <input type="checkbox"/> <b>Aggressive</b> - Growth of capital through investments in US and international equity markets. No income considerations. Comfortable with 100% stock market exposure. <input type="checkbox"/> <b>Growth</b> - Seeks growth of capital through investments primarily in US and international equity markets. Little or no income considerations. <input type="checkbox"/> <b>Balanced</b> - Seeks growth of capital through approximately equal investments in US and international equity markets and fixed income securities. <input type="checkbox"/> <b>Preservation</b> - Seeks safety of capital through investments primarily in fixed income securities with a lesser amount in US and international equity markets.			
FINANCIAL PERSPECTIVES			
What are your greatest worries or concerns about your finances?			
How much money do you feel is enough for you to be financially secure?			
How would you define success?			

\_\_\_\_\_

Client Signature                      Date

\_\_\_\_\_

Client Signature                      Date