

|  |                     |  |  |   |
|--|---------------------|--|--|---|
| Name (First, Middle, Last)   |                     | Type(s) of Account<br><input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust<br><input type="checkbox"/> IRA <input type="checkbox"/> Corporation   |  |   |
| Home/Legal Street Address Line 1 (No P.O. box maybe used)  |                     | Line 2   |  |   |
| City   |                     | State  |  | ZIP Code  |
| Social Security/Tax ID Number  |                     | Date of Birth (mm/dd/yyyy)   |  | Email address   |
| Home Phone Number<br>(   )   -   |                     | Business Phone Number<br>(   )   -   |  | Cellular Phone Number<br>(   )   -  |
| 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<br><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: _____<br>(   )   -   |   |
| 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<br><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)<br><input type="checkbox"/> Under \$25,000 (amount): _____<br><input type="checkbox"/> \$25,000 - \$50,000<br><input type="checkbox"/> \$50,000 - \$100,000<br><input type="checkbox"/> \$100,000 - \$200,000<br><input type="checkbox"/> \$200,000+ (amount): _____ |                     | <b>Estimated Liquid Net Worth:</b><br><input type="checkbox"/> Under \$100,000: _____<br><input type="checkbox"/> \$100,000 - \$500,000<br><input type="checkbox"/> \$500,000 - \$1,000,000<br><input type="checkbox"/> \$1,000,000 - \$1,500,000<br><input type="checkbox"/> \$1,500,000+ : _____ |  | <b>Estimated Net Worth:</b><br><input type="checkbox"/> Under \$100,000: _____<br><input type="checkbox"/> \$100,000 - \$500,000<br><input type="checkbox"/> \$500,000 - \$1,000,000<br><input type="checkbox"/> \$1,000,000 - \$1,500,000<br><input type="checkbox"/> \$1,500,000+ : _____ |
| <b>Investment Experience</b> (# of years)<br>_____ Stocks & Bonds<br>_____ Mutual Funds<br>_____ CDs & Money Markets<br>_____ Options<br>_____ Insurance/Annuities   |                     | <b>Investment Objectives</b><br>(check all that apply):<br><input type="checkbox"/> Preservation<br><input type="checkbox"/> Income<br><input type="checkbox"/> Long Term Growth<br><input type="checkbox"/> Trading Profits   |  | <b>Email Consent</b><br>I/We consent to receiving e-mail communication from Apriem Advisors which may contain personal financial information.<br><br>(please initial) _____ / _____   |
| <b>Risk Tolerance:</b> (Most Conservative) 1   2   3   4   5   6   7   8   9   10 (Most Aggressive)  |                     |  |  |   |

| <b>HEIRS / BENEFICIARY INFORMATION</b> <i>(Children, grandchildren, friends, etc.)</i> |                          |              |                        |
|--|--------------------------|--------------|------------------------|
| Name (First, Middle, Last)   | Social Security/Tax ID # | Relationship | Birthdate (mm/dd/yyyy) |
|  |                          |              |                        |
|  |                          |              |                        |
|  |                          |              |                        |
|  |                          |              |                        |
|  |                          |              |                        |

**PERSONAL FINANCIAL PROFILE** *(if available, please attach a copy of your documents for our review)*

| <b>ASSETS</b>   |    | \$ |
|---|----|----|
| Bank Accounts<br><i>(CD, Savings)</i>                     | \$ |    |
| Non-Retirement Accts<br><i>(Trust, Joint, Individual)</i> | \$ |    |
| Retirement Accts<br><i>(IRA, 401k, Pension)</i>           | \$ |    |
| Real Estate (Home)  | \$ |    |
| Real Estate <i>(Investment)</i>                           | \$ |    |
| Business Assets   | \$ |    |
| Other   | \$ |    |

| <b>LIABILITIES</b> |    | \$ |
|--------------------|----|----|
| Mortgages          | \$ |    |
| Loans              | \$ |    |
| Autos              | \$ |    |
| Credit Cards       | \$ |    |
| Other              | \$ |    |

| <b>EQUITY</b> | \$ |
|---------------|----|
|               |    |

| <b>INCOME</b>   |           |
|---|-----------|
| Gross Annual Income   | \$        |
| Expenses (mo./yr)   | \$        |
| Tax Bracket<br>(State + Federal)                            | %         |
| State of Taxation   |           |
| How much income do you need from your investment portfolio? | \$ /month |

| <b>LIFE INSURANCE</b>   |   |
|---|---|
| <input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life |   |
| Amount of Coverage  | \$  |
| How do you feel?  | <input type="checkbox"/> Under Insured<br><input type="checkbox"/> Fully Insured<br><input type="checkbox"/> Over insured |

Do you have:  
**MEDICAL INSURANCE**  Yes, \$\_\_\_\_\_  None

**MEDICARE PART "B"**  Yes, \$\_\_\_\_\_  None

**LONG TERM CARE INS.**  Yes, \$\_\_\_\_\_  None

**ACCIDENTAL DEATH & DISMEMBERMENT INS.**  Yes, \$\_\_\_\_\_  None

**DISABILITY INS.**  Yes, \$\_\_\_\_\_  None

|                         |  |
|-------------------------|--|
| <b>TRUST</b>            | <input type="checkbox"/> Yes <input type="checkbox"/> NONE |
| Trust date (mm/dd/yyyy) | Date Amended (mm/dd/yyyy)                                  |
| <b>ESTATE PLAN</b>      | <input type="checkbox"/> Yes <input type="checkbox"/> NONE |

| INVESTOR PROFILE  |   |   |
|---|---|---|
| <b>What's your primary purpose for investing?</b><br><i>(Check all that apply &amp; estimate the percentage applicable)</i>   |   | <b>Investment Time Horizon</b>  |
| <input type="checkbox"/> Retirement _____%  | <input type="checkbox"/> Major Purchase _____%        | <input type="checkbox"/> Up to 3 years  |
| <input type="checkbox"/> Income _____%  | <input type="checkbox"/> Charitable Giving _____%     | <input type="checkbox"/> 4-5 years  |
| <input type="checkbox"/> Education _____%   | <input type="checkbox"/> Growth _____%                | <input type="checkbox"/> 6-10 years   |
| <input type="checkbox"/> Emergency _____%   | <input type="checkbox"/> Other _____%                 | <input type="checkbox"/> 10+ years  |
| <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>Rate your overall investment knowledge and experience.</b>   | <b>To what extent do you follow the markets?</b>      | <b>I want:</b>  |
| <input type="checkbox"/> None   | <input type="checkbox"/> Not at all (once per year)   | <input type="checkbox"/> Limited variability but with lower long-term returns.  |
| <input type="checkbox"/> Limited  | <input type="checkbox"/> A little (quarterly)         | <input type="checkbox"/> To match market returns over the long-term and am willing to accept temporary return fluctuations. |
| <input type="checkbox"/> Fair   | <input type="checkbox"/> Somewhat (monthly)           | <input type="checkbox"/> Above-average long-term returns and am willing to accept swings in the value.                      |
| <input type="checkbox"/> Good   | <input type="checkbox"/> Fairly close (once per week) |   |
| <input type="checkbox"/> Very Good  | <input type="checkbox"/> Very Closely (daily)         |   |
| <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 Growth</b> - Growth of capital through investments in common stocks of small, emerging growth companies. No income considerations. Little or no concern for volatility.      |   |   |
| <input type="checkbox"/> <b>Long-Term Growth</b> - Growth of capital through investments of common stocks of established Blue Chip companies. Little or no income considerations.                                   |   |   |
| <input type="checkbox"/> <b>Balanced Growth</b> - Growth of capital through approximately equal investments in high quality common stocks and fixed income securities.  |   |   |
| <input type="checkbox"/> <b>Conservative Income and Growth</b> - Growth of capital through fixed income securities and stocks for growth and dividend yield.  |   |   |
| <input type="checkbox"/> <b>Capital Preservation and Income</b> - Income and safety are the primary emphases, sought through investments in Government and other investment-grade fixed income securities.          |   |   |

| 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? |
| Please share with us your greatest financial failure?                  |
| Please share with us your greatest financial achievement?              |
| I expect my Wealth Manager to...                                       |
| How would you define success?  |

\_\_\_\_\_  
 Client Signature                      Date

\_\_\_\_\_  
 Client Signature                      Date