



CONFIDENTIAL CLIENT INFORMATION FORM

Client Name: _____

Residential/Legal Address: _____

Mailing Address (if different): _____

Home Telephone Number: _____

Personal Profile:

Full Name: _____

Cell #: _____

E-mail: _____

Social Sec. #: _____

Date of Birth: _____

U.S. Citizen?

Yes No

If no, please specify: _____

Driver's License #: _____

Expiration Date: _____

Occupation: _____

Employer's Name: _____

Type of Business: _____

Work Address: _____

Work Phone #: _____

Annual Compensation:

Under \$50,000 \$50,000 - \$100,000

\$100,000 - \$250,000 Over \$250,000

Marital Status: Married Single
Divorced Widowed

Security Questions (please answer at least two):

What was the first musical instrument you learned to play?

In what city was your first job?

What is the middle name of your oldest child?

What school did you attend in sixth grade?

On what street did you live in third grade?

Spouse/Partner's Personal Profile:

Full Name: _____

Cell #: _____

E-mail: _____

Social Sec. #: _____

Date of Birth: _____

U.S. Citizen?

Yes No

If no, please specify: _____

Driver's License #: _____

Expiration Date: _____

Occupation: _____

Employer's Name: _____

Type of Business: _____

Work Address: _____

Work Phone #: _____

Annual Compensation:

Under \$50,000 \$50,000 - \$100,000

\$100,000 - \$250,000 Over \$250,000

Security Questions (please answer at least two):

What was the first musical instrument you learned to play?

In what city was your first job?

What is the middle name of your oldest child?

What school did you attend in sixth grade?

On what street did you live in third grade?

Investment Profile:

Investment Objectives (check one):

Growth Income

Investment Restrictions?

Yes No

If Yes, please specify: _____

Risk Tolerance (check one):

Conservative 1 2 3 4 5 Aggressive

Do Investment Objectives Allow Speculation?

Yes No

Investing Since (enter year, i.e. 1982):

_____ Stocks _____ Commodities _____ Bonds _____ Options

Financial Profile:

Approximate Total Annual Income (from all sources) \$ _____

Approximate Liquid Net Worth: \$ _____

Approximate Total Net Worth: \$ _____

Primary Source of Income (check one):

 Compensation Investments Retirement Assets

Projected Retirement Year: _____ Approx. Retirement Assets: _____

Name(s) of other Brokerage Firm(s): _____

Bank Name & Branch: _____

Officer or Board Member? Yes No

If Yes, please specify: _____

Tax Advisor:

Name: _____

Firm: _____

Phone: _____

Email: _____

Attorney:

Name: _____

Firm: _____

Phone: _____

Email: _____

____ Check here if you authorize SaratogaRIM to disclose your confidential information to the above listed professionals.

Signature: _____

Name (printed): _____

Date: _____

Spouse/Partner Signature: _____

Name (printed): _____

Date: _____

How did you find out about us? Name of Publication _____

Referred by _____ Other _____