Required Account Opening Information

1. **Client Name(s):** _____ _____
2. **Social Security Number:** _____
3. **Home Phone Number:** _____
4. **Mobile Phone Number:** _____
5. **Work Phone Number:** _____
6. **e-mail Address(es):** _____
7. **Date of Birth:** _____
8. **Retired (y/n)?:** _____
9. **Occupation:** _____
10. **Employer Name:** _____
11. **Employer Address:** _____
12. **Driver's License Number (attached copy of DL to last page):** _____
    a. **Issue Date:** _____
    b. **Expiration Date:** _____
13. **Tax Brackets (%):**
    a. **Federal:** _____
    b. **State:** _____

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Required Account Opening Information (continued)

14. Annual Income (Gross): _____

15. Net Worth (Excluding Primary Residence: _____

16. What is the Composition of your Assets (excluding Primary Residence)?
Must Total 100%

a. Rental Property _____**%**

b. Vacation Property _____**%**

c. Mutual Funds _____**%**

d. Annuities _____**%**

e. Individual Equities _____**%**

f. Individual Bonds _____**%**

g. Checking/Savings/Cash _____**%**

17. Primary Beneficiary Information

a. Primary Beneficiary:

- **Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **% Beneficiary Ownership:** _____
- **Per Capita or Per Stirpes?:** _____

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Required Account Opening Information (continued)

17. Primary Beneficiary Information (continued)

b. Primary Beneficiary:

- **Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **% Beneficiary Ownership:** _____
- **Per Capita or Per Stirpes?:** _____

c. Primary Beneficiary:

- **Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **% Beneficiary Ownership:** _____
- **Per Capita or Per Stirpes?:** _____

18. Contingent Beneficiary Information

a. Contingent Beneficiary:

- **Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **% Beneficiary Ownership:** _____

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Required Account Opening Information (continued)

a. Contingent Beneficiary (continued):

- **Per Capita or Per Stirpes?:** _____

b. Contingent Beneficiary:

- **Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **% Beneficiary Ownership:** _____
- **Per Capita or Per Stirpes?:** _____

c. Contingent Beneficiary:

- **Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **% Beneficiary Ownership:** _____
- **Per Capita or Per Stirpes?:** _____

d. Contingent Beneficiary:

- **Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____

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Required Account Opening Information (continued)

d. Contingent Beneficiary (continued):

- **% Beneficiary Ownership:** _____
- **Per Capita or Per Stirpes?:** _____

19. Copy of Driver's License – front and back (affix below):

FRONT

BACK

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Required Account Opening Information (continued)

20. Connections to Checking Account(s):

a. Attach a Voided Check(s) (check with "VOID" written across the check) associated with the Checking Account(s) you want connected to your Portfolio for contributions and distributions below:

Attach VOIDED Check Here

b. ***Retirement*** Portfolio ***Distributions***

- Net Distribution Amount Desired: $ _____
- Frequency of Distribution (circle): Monthly, Semi-Annually, Annually
- Federal Income Tax % Withholding: _____ %
- State Income Tax % Withholding: _____ %
- Day of Month (1st, 20th, etc.) _____

c. ***Retirement*** Portfolio ***Contributions***

- Contribution Amount Desired: $ _____
- Frequency of Contribution (circle): Monthly, Semi-Annually, Annually
- Day of Month (1st, 20th, etc.) _____

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Required Account Opening Information (continued)

20. Connections to Checking Account(s) (continued):

d. ***Non-Retirement*** Portfolio ***Contributions***

- Contribution Amount Desired: $ _____
- Frequency of Contribution (circle): Monthly, Semi-Annually, Annually
- Day of Month (1st, 20th, etc.) _____

e. ***Non-Retirement*** Portfolio ***Distributions***

- Distribution Amount Desired: $ _____
- Frequency of Contribution (circle): Monthly, Semi-Annually, Annually
- Day of Month (1st, 20th, etc.) _____

When returning this form, please also remit your:

1. **Most Recent Investment Statements – within 60 days**
2. **If Transitioning Retirement Assets and you have been receiving Required Minimum Distributions please return December Statements from the calendar**
3. **Most recently completed Financial Plan as applicable**

We are looking forward to partnering with you on your journey toward creating **Your Legacy**. Please let us know if you have any questions in completing this form.

Best regards,

The Legacy Wealth Partners Team
support@YourLWP.com
(734) 436-8150

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