



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: _____



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 _____% | e. Individual Equities _____% |
| b. Vacation Property _____% | f. Individual Bonds _____% |
| c. Mutual Funds _____% | g. Checking/Savings/Cash _____% |
| d. Annuities _____% | |

17. Primary Beneficiary Information

a. Primary Beneficiary:

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

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: _____

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: _____



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



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

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