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LEGACY WEALTH PARTNERS

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: _____

Forest Cove
3053 Miller Road
Ann Arbor, MI 48103
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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 _____% | 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?: _____



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Required Account Opening Information (continued)

16. 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)

19. 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. December 2018 and January 2019 Investment statements**
- 2. 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,

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