

Capital Preservation

PARTNERS



Client Profile

Personal & Family Information:

Name

Date of Birth

Social Security #

Spouse Name

Date of Birth

Social Security #

Address

City

State

Zip Code

Home Telephone

Fax Telephone

Other Telephone

E-Mail Address

Children or Other Dependents:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Are you related to or an employee of a brokerage firm? Yes ___ No ___

If yes, Company Name _____

Are you an owner of more than 10% of any public company? Yes ___ No ___

If yes, Company Name _____

Business Information:

Current Employer

Position/Title

Address

Phone

Planned Retirement Date

Spouse's Employer

Position/Title

Address

Phone

Planned Retirement Date

Financial Information:

Annual Income _____
Net Worth _____

Liquid Worth _____
Other Assets _____

Account Type:

Individual _____
Custodian _____

Joint _____
Retirement _____

Corporate _____
Trust _____

Client Signature

Date

Spouse Signature

Date