

# Constance Client Intake Form



## 1. RIA

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RIA First Name

RIA Last Name

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Firm Name

## 2. PROPOSED PURCHASE (CONSTANCE)

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Covered Asset Value

Coverage

Investment Tier or Strategy

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Fee Option

Tax Qualification of Covered Asset

## 3. PRIMARY CERTIFICATE OWNER/COVERED PERSON

If the Primary Certificate Owner is a non-natural person/custodian, information in this section is for the Covered Person and Section 5 must be completed for the Certificate Owner.

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Owner Type

Owner DOB

Owner Marital Status

Owner Gender

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Owner First Name

Owner Last Name

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Government ID Type

Date of Expiration

Government ID #

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Owner Street Address (no PO Box)

Owner City

Owner State

Owner Zip Code

# Client Intake Form

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Owner Country	Owner SSN	Owner Email	Owner Phone
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Citizenship Status	Country of Citizenship
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Employer Name	Current Position	Phone	Employer Main Phone
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## 4. JOINT CERTIFICATE OWNER/COVERED PERSON

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Joint Owner DOB	Joint Owner Marital Status	Joint Owner Gender
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Joint Owner First Name	Joint Owner Last Name
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Government ID Type	Date of Expiration	Government ID #
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Joint Owner Street Address	Joint Owner City	Joint Owner State	Joint Owner Zip Code
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Joint Owner Country	Joint Owner SSN	Joint Owner Email	Joint Owner Phone
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Joint Owner Citizenship Status	Joint Owner Country of Citizenship
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JO Employer Name	JO Current Position	JO Phone	JO Employer Main Phone
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# Client Intake Form

## 5. NON-NATURAL OWNER (IF APPLICABLE)

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Complete Legal Name

TIN

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Mailing Address

City

State

Zip Code

## 6. OTHER PROFILE INFORMATION

Are any account holders politically exposed or relatives of a politically exposed person?

**Rule 144:** Are authorized person(s) or members of their immediate family a director, policy-making officer, or 10% stockholder in any publicly traded company?

Advisor has personally viewed and verified government-issued customer identification information.

Advisor informed the client that information collected on parties associated with this account is subject to verification as mandated by the US PATRIOT Act and outlined in our Client Identification Program.

Is the client, client's spouse, or immediate relative employed by an introducing Firm or another FINRA member?

If "Yes," specify relationship:

## 7. INVESTMENT OBJECTIVES

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Investment Objectives

Additional Income Needs (Please State)

## 8. RISK TOLERANCE

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Risk Tolerance

Investment Time Horizon

## 9. FINANCIAL INFORMATION

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Annual Income (approximate)

Net Worth (Excluding Residence)

Liquid Assets (approximate)

All Assets (All Accounts)

# Client Intake Form

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Checking/Savings

Stocks/Bonds

Pensions

Money Market Accounts

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Fixed Annuities

Variable Annuities

Mutual Funds

CDs

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401(k)/403(b) Plans

Other

"Other" Explanation

## 10. FINANCIAL INVESTMENT EXPERIENCE

General Investment Knowledge

Explain

Stocks

Explain

Bonds

Explain

Mutual Funds

Explain

Options

Explain

Variable Contracts

Explain

Limited Partnerships

Explain

## 11. SOURCE OF FUNDS

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Source of Funds

If "Other" please explain

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Does Client have reverse Mortgage?

# Client Intake Form



## 12. COVERED ASSET INFORMATION

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Financial Institution Name

Account Number

Tax Qualification

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Name (First, Middle, Last) on Account

Account Tax ID

If Qualified, Type of Acct.

## 13. FEE BILLING ACCOUNT

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Financial Institution Name

Financial Institution Street Address

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Financial Institution City

Financial Institution State

Financial Institution Zip

Financial Institution Phone

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Name on Account

Account Number

Routing Number

Account Description