Corporation, Partnership, Trust, or Other Entity (Non-Natural Person)

Confidential Investor Profile

Brand/Advisor: ______________________________

☐ **New Account(s)** ☐ **Update**

Contact Information

Primary Contact Name Title

Address

City State Zip

Primary Phone E-mail Address

Alternate Contact Name Title

Address

City State Zip

Primary Phone E-mail Address

Organizational Information

Name of Organization

Tax ID Number

Organizational Structure:

☐ Corporation ☐ Trust ☐ Partnership ☐ LLC ☐ LLP ☐ Endowment/Foundation

☐ Other: ______________________________

Account type:

☐ Profit Sharing ☐ ESOP ☐ Defined Benefit ☐ Defined Contribution ☐ 401(k) ☐ Trust

☐ Other: ______________________________

Is any officer, partner, manager, trustee or other official of the Client related to an ASN Investment Adviser Representative?

☐ **No** ☐ **Yes** If yes, explain: ______________________________

Is any officer, partner, manager, trustee or other official of the Client an officer, director or 10% shareholder of a Public Company?

☐ **No** ☐ **Yes** If yes, explain: ______________________________

Investment Objectives / Risk Tolerance

Your investment objective and risk tolerance for this account (or group of accounts) is as follows **(Check only one)**:

- ☐ **Capital Preservation:** Seek very conservative investment growth and/or income with a primary focus on protecting investment principal. Investors with this objective are generally risk averse.
- ☐ **Income:** Generate a level of income exceeding that available through commercial bank instruments with a secondary focus on protecting investment principal. Investors with this objective generally have conservative to moderate risk tolerance, depending on the level of income sought.
- ☐ **Growth and Income:** Seek relatively conservative growth and/or income but will accept limited market risk in order to modestly enhance that growth and/or income. Investors with this objective generally have conservative to moderate risk tolerance.
- ☐ **Growth:** Seek growth of investment principal (with or without a modest amount of income) consistent with the growth of investment markets in general. Investors with this objective generally have a moderate risk tolerance.
- ☐ **Aggressive Growth:** Seek growth of investment principal exceeding the growth of investment markets in general by targeting higher risk investments that appear to present greater potential returns. Investors with this objective generally have a high risk tolerance.

Time Horizon

Your time horizon for this account (or group of accounts), i.e., how long before you intend to use these assets, is **(Check only one)**:

- ☐ Immediate: scheduled periodic withdrawals
- ☐ Short Term: less than 3 years
- ☐ Medium Term: between 3 and 10 years
- ☐ Long Term: greater than 10 years

Asset Allocations & Restrictions

Your account(s) will be managed in accordance with the investment objectives and risk tolerances set forth on this Profile form. Please reflect below any additional guidelines or instructions you wish to be implemented in conjunction with the management of your account(s).

You may place reasonable restrictions on the way your account is managed, such as limiting types of investments or sectors of the market. Please identify any such restrictions you wish to be implemented:

If an advisor model portfolio will be utilized, please list the model name and/or number in the space above.

Financial Profile

1. Current Annual Income and Sources (e.g., employment, investments, social security, alimony, etc.):

☐ Under $25,000 ☐ $25,000 - 50,000 ☐ $50,000 - 100,000
☐ $100,000 - 250,000 ☐ $250,000 - 500,000 ☐ Over $500,000

2. List Sources of Income (check all that apply):

☐ Employment/Wages ☐ Social Security ☐ Pension
☐ Investments ☐ Other (please describe): ____________________

3. Total Investable Assets:

☐ Under $50,000 ☐ $50,001 - 100,000 ☐ $100,001 - 250,000 ☐ $250,001 - 500,000
☐ $500,001 - 750,000 ☐ $750,001 - 1,000,000 ☐ $1,000,001 - 1,500,000 ☐ $1,500,001 - 2,000,000
☐ $2,000,001 - 3,000,000 ☐ $3,000,000 - 5,000,000 ☐ Over $5,000,000: ____________________

4. Percentage of Above Assets to be Invested Through Our Firm:

☐ 20% ☐ 40% ☐ 60%
☐ 80% ☐ 100% ☐ Other: ____________________

5. Investment Experience:

Describe your involvement (***either with an adviser or individually***) in the management of your investment assets?

☐ Very Limited (0-1 years) ☐ Limited (Less than 5 years)
☐ Moderate (5-10 years) ☐ Extensive (More than 10 years)

6. Overall Investment/Financial Goals for assets invested through Our Firm (Check all that apply):

☐ Generate Current Income ☐ Retirement ☐ Build Estate for Heirs
☐ Long-Term Wealth Accumulation ☐ Fund College Education(s)
☐ Tax Planning/Savings ☐ Other (please describe) ____________________

7. Risk Acknowledgement

- **I understand that when I seek to generate greater investment returns, I must accept greater risk of loss on my investments.** ☐ **Yes** ☐ **No**
- **I understand that all investments have risk of loss.** ☐ **Yes** ☐ **No**

Account(s)

The information set forth in this Profile form are applicable to the following accounts:

Account Type	Account Name/Number

Note: If you are establishing multiple accounts that have different Investment Objectives/Risk Tolerances and/or Time Horizon, you must provide separate for each account or group of accounts that have similar Investment Objectives/Risk Tolerances and Time Horizon.

Client Certification

We want to help you accomplish your financial goals. The information requested in this Profile is essential to us in helping you accomplish your financial goals. Please notify us promptly if there are any changes to this information. Periodically we will ask you to review and verify your personal information.

By signing below, you certify and attest that the information provided above is true and correct; and, that you are authorized to provide this information on behalf of the Client.

____	________________________________
Signature	Title
____	________________________________
Print Name	Date
____	________________________________
Signature	Title
____	________________________________
Print Name	Date

ASN Use Only	
Reviewed:	Date: