



	New Account <input type="checkbox"/> Update <input type="checkbox"/>	<b>NAF Worksheet</b>	
NAF#		FASI RIA <input type="checkbox"/>	Outside RIA <input type="checkbox"/> Direct Business <input type="checkbox"/>
CF Acct#		Pershing <input type="checkbox"/>	JP Morgan <input type="checkbox"/>
Rep #		DVP <input type="checkbox"/>	Check all that apply

\* Name/Title of Account \_\_\_\_\_

\* Mailing Address \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Postal Code \_\_\_\_\_

\* Account is for:  A Person  A Trust  An Entity (If Trust or Entity is selected, please complete information on page 4)

Registration Type (please select the appropriate type from the list below) \_\_\_\_\_

**Registration Options:** 401k, 403(b) 7, 529 Plan, Community Property, Corporate, Conservator, Defined Benefit Plan, Estate (Deceased), Guardian, Health Savings Account, Individual, Individual (k), Investment Club, IRA Beneficiary, IRA Educational, IRA Minor, IRA Rollover, IRA SEP, IRA Roth, IRA Simple, IRA Traditional, JTWROS, LLC, Money Purchase Pension Plan, Other, Partnership, Profit Sharing Plan, Sole Proprietorship, Tenants in Common/ By Entirety, Transfer on Death- Individual, Transfer on Death- Joint, Trust, USUFRUCT, UTMA/ UGMA, Unincorporated

**Primary Investor / Account Holder #1**

\* Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ \* SSN \_\_\_\_\_ \* DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\* First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Gender:  Female  Male Marital Status:  Single  Married

**Legal Address (if different from Mailing Address)**

\* Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Postal Code \_\_\_\_\_

\* Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

\* Employment Status:  Employed  Retired  Student  Unemployed

\* Occupation \_\_\_\_\_ \* Employer \_\_\_\_\_

\* City / State \_\_\_\_\_ \* Postal Code \_\_\_\_\_

Number of Dependents \_\_\_\_\_ \* Citizenship \_\_\_\_\_ Bank \_\_\_\_\_

\* I have visually compared the client' s visual characteristics versus the client' s government issued photo ID. Yes  No

\*If yes, select the ID type;  Driver' s License  Passport  State Issued ID Card  US Military ID  US Passport Card.

\*ID #: \_\_\_\_\_ \*State/ Country Issued (if applicable): \_\_\_\_\_ \*Issued Date: \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

\* If Permanent Resident Alien provide Greencard information: ID #: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\* Tax Bracket  0-15%  16-30%  31%+

\* Approx Annual Income \$ \_\_\_\_\_ \* Approx Net Worth (Exclude Residence) \$ \_\_\_\_\_

\* Approx Liquid Net Worth \$ \_\_\_\_\_ \* Source of Assets/Wealth \_\_\_\_\_

\* Source of Assets on Deposit (Required for JP Morgan Accounts ONLY) \_\_\_\_\_

\* Investor/ family member is employed by or associated with a First Allied company?  
Yes  No   
Describe \_\_\_\_\_

\* Investor/ family member is employed by or associated with an Exchange/FINRA Member firm, bank, insurance co, or Investment Advisor not affiliated with a First Allied company? Yes  No   
(If yes, an Employer Consent Form from the member firm is required prior to opening account)  
Firm Name \_\_\_\_\_

\* Investor is an officer or 10%+ shareholder of a public company? Yes  No   
Company Name \_\_\_\_\_

\* Investor is a current or former Foreign Political Figure, an Immediate family member or known close associate of such a figure? Yes  No





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CF Acct#		Pershing <input type="checkbox"/>	JP Morgan <input type="checkbox"/>
Rep #		DVP <input type="checkbox"/>	Check all that apply

### Investment Objectives

\* Risk Tolerance:     Low     Moderate     Moderate/High     High

\* Investment Objectives (If you choose more than one, please indicate the order of importance, 1 thru 6, 1 = highest importance):  
 \_\_\_ Preservation of Capital; \_\_\_ Income; \_\_\_ Growth & Income; \_\_\_ Growth; \_\_\_ Speculation; \_\_\_ Trading

\* Investment Experience; List Years of experience for each type:  
 Mutual Fund \_\_\_; DPP \_\_\_; Commodities \_\_\_; Variable Annuity \_\_\_; Stocks \_\_\_; Bonds \_\_\_; Options \_\_\_

\* Are any Investor(s) on the NAF related to Registered Representative?    Yes  No   
 Describe \_\_\_\_\_

\* Does another person have Power of Attorney over this account?    Yes  No   
 Describe \_\_\_\_\_

How long have you known your Client? \_\_\_\_\_ Yrs.    Client was introduced/referred by: \_\_\_\_\_

Initial Transaction: \_\_\_\_\_

If differs from objectives stated above explain in comment below.  
 Comments: \_\_\_\_\_

### Clearing Firm Standing Instructions

Proceeds:                     Hold in Account                     Remit to Client by Mail

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This feature is only offered for Pershing accounts: (If 3<sup>rd</sup> Party, then an LOA is Required)  
 Periodic Distributions:    Amount: \$ \_\_\_\_\_                    1<sup>st</sup> Payment Date: \_\_\_\_\_  
 Payment Frequency:     Bi-Monthly     Monthly     Semi-Monthly     Quarterly     Semiannually     Annually

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Securities Transfer:     Hold in Street Name                     Transfer into Customer Name and Ship

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Dividend/Interest:     Hold in Account                     Remit to Client by Mail  
 Payment Frequency:     Bi-Monthly     Monthly     Semi-Monthly     Quarterly     Semiannually     Annually  
 (JP Morgan only offers monthly option)

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Duplicate Statements / Confirms     Statements                     Confirms  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_

 Member FINRA/SIPC AN ADVANCED EQUITIES COMPANY		New Account <input type="checkbox"/> Update <input type="checkbox"/>	NAF Worksheet		
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	Rep #		DVP <input type="checkbox"/>	Check all that apply	

### Secondary Investor/ Account Holder # 2

^^Relationship (see list at bottom of page) \_\_\_\_\_

\* Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ \* SSN \_\_\_\_\_ \* DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\* First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Gender:  Female  Male Marital Status:  Single  Married

**Legal Address (if different from Mailing Address)**

\* Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Postal Code \_\_\_\_\_

\* Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

\* Employment Status:  Employed  Retired  Student  Unemployed

\* Occupation \_\_\_\_\_ \* Employer \_\_\_\_\_

\* City / State \_\_\_\_\_ \* Postal Code \_\_\_\_\_

Number of Dependents \_\_\_\_\_ \* Citizenship \_\_\_\_\_ Bank \_\_\_\_\_

\* I have visually compared the client' s visual characteristics versus the client' s government issued photo ID. Yes  No

\*If yes, select the ID type;  Driver' s License  Passport  State Issued ID Card  US Military ID  US Passport Card.

\*ID #: \_\_\_\_\_ \*State/ Country Issued (if applicable): \_\_\_\_\_ \*Issued Date: \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

\* If Permanent Resident Alien provide Greencard information: ID #: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\* Tax Bracket  0-15%  16-30%  31%+

\* Approx Annual Income \$ \_\_\_\_\_ \* Approx Net Worth (Exclude Residence) \$ \_\_\_\_\_

\* Approx Liquid Net Worth \$ \_\_\_\_\_ \* Source of Assets/Wealth \_\_\_\_\_

\* Source of Assets on Deposit (Required for JP Morgan Accounts ONLY) \_\_\_\_\_

\* Investor/ family member is employed by or associated with a First Allied company? Yes  No

Describe \_\_\_\_\_

\* Investor/ family member is employed by or associated with an Exchange/FINRA Member firm, bank, insurance co, or Investment Advisor not affiliated with a First Allied company? Yes  No

(If yes, an Employer Consent Form from the member firm is required prior to opening account)


Firm Name \_\_\_\_\_

\* Investor is an officer or 10%+ shareholder of a public company? Yes  No

Company Name \_\_\_\_\_

\* Investor is a current or former Foreign Political Figure, an Immediate family member or known close associate of such a figure? Yes  No

^^ Relationship options: Administrator, Brother, CFO, Child, Controller, Conservator, Custodian, Director, Executor, Father, General Partner, Guardian, Investment Advisor, Investment Manager, Investor, Joint Owner, Member, Mother, Naked Owner, Officer, Partner, Power of Attorney, President, Principal, Receiver, Secretary, Settlor, Shareholder, Sister, Spouse, Trading Authority, Trustee, Vice President

 <small>Member FINRA/SIPC</small> <small>AN ADVANCED EQUITIES COMPANY</small>		New Account <input type="checkbox"/> Update <input type="checkbox"/>	<b>NAF Worksheet</b>	
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	Rep #		DVP <input type="checkbox"/>	Check all that apply

### Entity/ Trust

\* Entity/ Trust Name \_\_\_\_\_

Date Established (Required for Trust accounts) \_\_\_\_\_

If Trust, is Trust established under SSN or TIN?     SSN     TIN    \* SSN/ TIN \_\_\_\_\_

**Legal Address (if different from Mailing Address)**

\* Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Postal Code \_\_\_\_\_

^^ Contact Type (see list at bottom of this section) \_\_\_\_\_

Contact Phone \_\_\_\_\_

\* Contact First Name \_\_\_\_\_ \* Contact Last Name \_\_\_\_\_

Bank \_\_\_\_\_

\* Approx Net Worth \$ \_\_\_\_\_ \* Approx Liquid Net Worth \$ \_\_\_\_\_

\* Is Trust or the beneficiary of the Trust an officer, director or 10%+ shareholder of a public company?     Yes     No    Company Name \_\_\_\_\_

\* Trustor/ Grantor/ Settlor Name (For Trust Accounts at JP Morgan only): \_\_\_\_\_

^^ Contact options: Administrator, Brother, CFO, Child, Controller, Conservator, Custodian, Director, Executor, Father, General Partner, Guardian, Investment Advisor, Investment Manager, Investor, Joint Owner, Member, Mother, Naked Owner, Officer, Partner, Power of Attorney, President, Principal, Receiver, Secretary, Settlor, Shareholder, Sister, Spouse, Trading Authority, Trustee, Vice President

### Beneficiary Information (Required for IRA and Transfer on Death accounts)

**Primary Beneficiary:**

^^ Relationship (see list at bottom of this section) \_\_\_\_\_ Percentage \_\_\_\_\_

\* Last Name \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

\* First Name \_\_\_\_\_ \* DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:     Female     Male

**Secondary Beneficiary:**

^^ Relationship (see list at bottom of this section) \_\_\_\_\_ Percentage \_\_\_\_\_

\* Last Name \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

\* First Name \_\_\_\_\_ \* DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:     Female     Male

**Contingent Beneficiary:**

^^ Relationship (see list at bottom of this section) \_\_\_\_\_ Percentage \_\_\_\_\_

\* Last Name \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

\* First Name \_\_\_\_\_ \* DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:     Female     Male

**Contingent Beneficiary:**

^^ Relationship (see list at bottom of this section) \_\_\_\_\_ Percentage \_\_\_\_\_

\* Last Name \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_ SSN \_\_\_\_\_ Title \_\_\_\_\_

\* First Name \_\_\_\_\_ \* DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:     Female     Male

^^ Relationship options: Brother, Children per Capita, Children per Stirpes, Daughter, Domestic Partner, Estate, Father, Father-in-Law, Grand Daughter, Grand Father, Grand Mother, Grand Son, Mother, Mother-in-Law, Nephew, Niece, Other Entity, Other Individual, Sister, Son, Spouse, Trust