

Client Onboarding Information



First Name: _____ Last Name: _____

Secondary First Name (If Joint): _____ Secondary Last Name (If Joint): _____

SSN Primary: _____ DOB: _____

SSN Secondary (If Joint): _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Employment Status: _____

Industry: _____ Occupation: _____

Employer: _____

Employer Address: _____

State: _____ Zip Code: _____

Secondary Employment Status: _____

Industry: _____ Occupation: _____

Employer: _____

Employer Address: _____

State: _____ Zip Code: _____

Annual Income: _____ Net Worth: _____

Liquid Networth: _____ Tax Bracket: _____

Source of Wealth: _____ Investment Objective: _____

Beneficiary First Name: _____ Beneficiary Last Name: _____

SSN: _____ DOB: _____

Beneficiary Relationship to Account Holder: _____

Trusted Contact (Optional): _____ Phone: _____ Email: _____

Time Horizon for Account: 0-3 3-5 5-10 10+

Funds Needed: None 1-3 3-5 5-10 10+

Investment Experience (Yrs): _____

Registration Type: _____

Program Type: _____

Fund Company (If Direct): _____

Account Number: _____

Approx. Account Value: _____

New LPL Account Type: _____

Registration Type: _____

Program Type: _____

Fund Company (If Direct): _____

Account Number: _____

Approx. Account Value: _____

New LPL Account Type: _____

Registration Type: _____

Program Type: _____

Fund Company (If Direct): _____

Account Number: _____

Approx. Account Value: _____

New LPL Account Type: _____

Registration Type: _____

Program Type: _____

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Approx. Account Value: _____

New LPL Account Type: _____