# NEW ACCOUNT REQUIRED INFORMATION FORM

AGATE FINANCIAL SERVICES

Name 1: ______________________ SSN: ______________ DOB: ______________

Address: ______________________________________________

Mailing Address: ______________________________________________

Home Phone ☐ ______________ Cell Phone ☐ ______________ Business Phone ☐ ____________ ext____
(Please check which is your preferred contact number)

Email: ______________________ Emails: Yes/No E-Statements: Yes/No

Employer Name: ______________________ Occupation: ______________ Title: ______________
(☐ Check if former or unemployed) (former if retired or unemployed)

Employer Address: ______________________ Yrs of Empl. _____ Business Type: ______________
______________________

Retirement Plan Available through Employer: Yes/No Are you participating in Employer's Plan? Yes/No

ID Type: ______________ US Citizen: Yes/No Marital Status: ______________ Dependents: ________
(Attach copy) (Single/Married/Separated/Divorced/Widowed)

Trusted Contact - A trusted contact person is intended to be a resource for Agate Financial Services in administering your account, protecting your assets, and responding to possible financial exploitation. Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions on your account. ☐ I decline to provide a trusted contact person at this time.

Name: ______________________ Email: ______________________

Address: ______________________________________________

Primary Phone: ______________ Type: ________ Relationship: ______________________
(Home/Cell/Bus.) (Spouse, Relative, Friend, Professional Relationship, Other)

Affiliation with Investment Firm or Company: ☐ Family Member is a Rep ☐ I am a Rep.

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Name 2: ______________________ SSN: ______________ DOB: ______________

Address: ______________________________________________

Mailing Address: ______________________________________________

Home Phone ☐ ______________ Cell Phone ☐ ______________ Business Phone ☐ ____________ ext____
(Please check which is your preferred contact number)

Email: ______________________ Emails: Yes/No E-Statements: Yes/No

Employer Name: ______________________ Occupation: ______________ Title: ______________
(☐ Check if former or unemployed) (former if retired or unemployed)

Employer Address: ______________________ Yrs of Empl. _____ Business Type: ______________
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| Investments | | | | Investment Experience/Total Years | |
|---|---|---|---|---|---|
| $ ______________ | Real Estate (REITs) | $ ______________ | Equities | Annuities __________ | Mutual Funds ______ |
| $ ______________ | Mutual Funds | $ ______________ | Alt. Investments | Partnerships ______ | Margin ____________ |
| $ ______________ | Checking/Savings | $ ______________ | Bonds | Stocks ____________ | Bonds ____________ |
| $ ______________ | Annuities | $ ______________ | Other | Options ___________ | Other: ____________ |
| $ ______________ | Insurance | | | | |

I plan to use this account for:

_____ Generate income for current and future expenses
_____ Partially fund my retirement
_____ Wholly Fund my Retirement
_____ Steadily accumulate wealth over the long-term
_____ Preserve wealth and pass it on to my heirs
_____ Pay for education
_____ Market Speculations
_____ Other: ____________________________

Investment Objective and Risk Tolerance
(Choose the most accurate one)

○ Income with Capital Preservation
○ Income with Moderate Growth
○ Growth with Income
○ Growth
○ Aggressive Growth

Initial Source of Funds: ____________________________________________________________________

Beneficiaries:

Name: __________________________________ Relationship: _________________ SSN: _____________ DOB: __________

Address: ___________________________________________________________________________ Percentage: ___________

Name: __________________________________ Relationship: _________________ SSN: _____________ DOB: __________

Address: ___________________________________________________________________________ Percentage: ___________

Name: __________________________________ Relationship: _________________ SSN: _____________ DOB: __________

Address: ___________________________________________________________________________ Percentage: ___________

| Annual Income: | | Est. Liquid Net Worth: | |
|---|---|---|---|
| Under $25,000 | $200,000 - $399,999 | Under $25,000 | $200,000 - $499,999 |
| $25,000 - $49,999 | $400,000 - $999,999 | $25,000 - $49,999 | $500,000 - $999,999 |
| $50,000 - $99,999 | Over $1,000,000 | $50,000 - $99,999 | $1,000,000 - $2,499,999 |
| $100,000 - $199,999 | | $100,000 - $199,999 | Over $2,500,000 |

| Federal/State Max. Tax Margin: | Est. Net Worth: | |
|---|---|---|
| Less than 12% | Under $25,000 | $200,000 - $499,999 |
| 12% - 22% | $25,000 - $49,999 | $500,000 - $999,999 |
| 24% - 32% | $50,000 - $99,999 | $1,000,000 - $2,499,999 |
| 33% and above | $100,000 - $199,999 | Over $2,500,000 |

Liquidity Needs: Under 3 years 3-5 years 6-10 years 11-20 years over 20 years

Time Horizon: 0-5 years 6-10 years over 10

Investment Objectives (Rank from 1-4): _____ Tax Adv. _____ Income _____ Growth _____ Speculation

| Type of Account: | | | |
|---|---|---|---|
| Individual | Trust | UGMA/UTMA | Partnership |
| JTWROS | Estate | 529 Plan | IRA Type ________________ |
| Tenants in Common | Non-Corporate | Guardianship/Conservatorship | QP Type ________________ |
| TOD | Corporate | Non-Profit Organization | Other ___________________ |