

CONFIDENTIAL CLIENT DATA FORM

Legal Name of Company _____

DBA _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Trustee/Officer Contact _____ Title _____

Phone _____ Fax _____

Email _____

Employer ID# _____

Accountant

Firm _____

Address _____

City _____ State _____

Zip _____

Phone _____ Fax _____

Email _____

CC: Yes ☐ No ☐

Investment Advisor Firm

Firm _____

Address _____

City _____ State _____

Zip _____

Phone _____ Fax _____

Email _____

CC: Yes ☐ No ☐

Nature of Business _____

Date Business Began or Incorporated _____ IRS Business Code _____

Plan Year End _____ Fiscal Year End _____

Type of Organization: Sole Proprietor ☐ Partnership ☐ S Corp ☐ C Corp ☐ LLC ☐
LLP ☐ Non-Profit ☐

Ownership:

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

Name _____ Title _____ % Ownership _____

Controlled Organizations & Affiliated Service Groups: Does this Company OR any Owner OR the Spouse of Any Owner Listed Above Own any Part Of any Other Organizations? Yes ☐ No ☐

If you answered Yes please complete a client data form for each company.

Are there or have there ever been, any retirement plans now in force sponsored by this company?

None ☐

401(k) only ☐

Defined Benefit Pension ☐

SEP or SARSEP ☐

Profit Sharing ☐

401(k) Profit Sharing ☐

Money Purchase Pension ☐

SIMPLE IRA ☐

Other _____

Client Signature _____ Date _____