

# RIA Account Profile



<input type="checkbox"/> New Account <input type="checkbox"/> Account(s) Update <input type="checkbox"/> RIA Change	Account Number
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## SECTION 1: TYPE

Entity (complete sections 2, 3, 5, and 6)   
  Individual: Non-qualified (complete sections 3, 4, 5, and 6)   
  Joint (complete sections 3, 4, 5, and 6)  
 Custodial (complete sections 3, 4, 5, and 6)   
 IRAs – select one (complete sections 3, 4, 5, and 6):  Traditional   
 Roth   
 Simple   
 SEP   
 Beneficiary  
 529 (complete sections 3, 4, 5, and 6)   
 401(k) (complete sections 2, 3, 5, and 6)

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When opening an account TownSquare will ask for your name, address, date of birth, social security number and other information to correctly identify clients. TownSquare will also ask to see a driver's license or other identifying documents.

## SECTION 2: ENTITY INFO

### Entity Options:

Corporation   
 Estate   
 Partnership   
 Retirement Plan (401(k))   
 Sole Proprietorship   
 Limited Liability Corporation  
 Trust   
 Other \_\_\_\_\_

Additional paperwork is required to support Entity registrations

### Client Information for Entity Accounts (Trust, Corporation, Estate, Plans, or other non-person arrangement)

Legal Entity Name/Trust Title			Trustee Names			
Mailing Street Address	City	State	Zip	Tax ID Number	Country of Tax Residence	
Legal Street Address ( <input type="checkbox"/> Check if same as above)	City	State	Zip	Trust Date (if applicable)	Last Amend Date	<input type="checkbox"/> There are no other trustees other than the undersigned

### Legal Entity Verification: (select applicable type and provide corresponding documents)

**Trust** (Applicable pages of Trust Document)   
 **ERISA Plan** (Applicable pages of Plan Document)  
 **Corporation** (Certified Articles of Incorporation)   
 **Estate Entity** (Certified Court Appointment [dated within 60 days] and Death Certificate)  
 **Partnership** (Agreement)   
 **LLC** (Operating Agreement)

## SECTION 3: CLIENT #1 (For Primary Client/Trustee/Minor/Authorized Individual/Partner/Participant)

Name	Tax ID Number	Date of Birth	Telephone Number
Home Street Address (No P.O. Box)	City	State	Zip
Mailing Address ( <input type="checkbox"/> Check if same as above)	City	State	Zip
Email (By providing you agree to receive disclosure communications, no spam)			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed	Employer Name (if retired, write "N/A")	Occupation ( <b>former</b> if retired)	
Employer Street Address	City	State	Zip

- Are you a director, 10%+ shareholder or policy-making officer of a publicly traded company?  No     Yes, stock symbol \_\_\_\_\_
- Are you, your spouse, or any member of your immediate family employed by a broker/dealer?  No     Yes, company address \_\_\_\_\_
- Are you, your spouse, or any member of your immediate family a senior political figure?  No     Yes, name of SPF \_\_\_\_\_  
 Political title \_\_\_\_\_ Relationship to Account owner \_\_\_\_\_ Country of office \_\_\_\_\_

### Customer Identification (must be unexpired photo ID)

<input type="checkbox"/> Driver's License Number	<input type="checkbox"/> Passport Number	Expiration Date (mm/dd/yyyy)	State and Country	<input type="checkbox"/> <b>Please check here</b> if the Registered Representative has verified the Customer Identification used on this account.
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■ **SECTION 3 CONTINUED: CLIENT #2** (Joint Client/Trustee/Custodian/Authorized Individual/Partner)

Name	Tax ID Number	Date of Birth	Telephone Number
Home Street Address (No P.O. Box)	City	State	Zip
Mailing Address ( <input type="checkbox"/> Check if same as above)	City	State	Zip
Email (By providing you agree to receive TownSquare disclosure communications, no spam)			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed	Employer Name (if retired, write "N/A")	Occupation ( <b>former</b> if retired)	
Employer Street Address	City	State	Zip

- Are you a director, 10%+ shareholder or policy-making officer of a publicly traded company?  No  Yes, stock symbol \_\_\_\_\_
- Are you, your spouse, or any member of your immediate family employed by a broker/dealer?  No  Yes, company address \_\_\_\_\_
- Are you, your spouse, or any member of your immediate family a senior political figure?  No  Yes, name of SPF \_\_\_\_\_  
Political title \_\_\_\_\_ Relationship to Account owner \_\_\_\_\_ Country of office \_\_\_\_\_

**Customer Identification** (must be unexpired photo ID)

<input type="checkbox"/> Driver's License Number <input type="checkbox"/> Passport Number	Expiration Date (mm/dd/yyyy)	State and Country	<input type="checkbox"/> <b>Please check here</b> if the Registered Representative has seen and verified the Customer Identification used on this account.
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■ **SECTION 4: GENERAL FINANCIAL INFORMATION** (For Joint, IRA, Individual, or Custodial – report financials for minor)

Gross Annual Household Income	Tax Bracket	Net Worth*	Marital Status	# of Dependents	Liquid Net Worth*
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\*Definitions:

**Net Worth:** Assets, minus liabilities, in the client's net worth calculation include stocks, bonds, mutual funds and other securities, bank accounts, and other personal property. A primary residence should not be included among the assets or liabilities that constitute net worth.

**Liquid Net Worth:** Net worth minus assets that cannot be converted quickly and easily into cash. TownSquare defines Liquid Net Worth as all assets that can be liquidated in 30 days, exclusive of real estate holdings. This includes, but is not limited to, checking & savings accounts, retirement accounts, all marketable securities, annuity accounts, cash, or cash equivalents.

■ **SECTION 5: SUITABILITY INFORMATION**

**Years of Investment Experience:** For custodial/entity accounts, the Investment Experience should be obtained from the custodian or authorized persons.

Stocks	Bonds	Mutual Funds	Variable Annuities	Variable Life Insurance	Options
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**Account Objective:** For joint accounts select only one objective. If this is an entity, the objective should be chosen for the entity and not the trustee(s)/authorized persons. (If this is a group plan and suitability varies by participant, check here  and proceed to Section 6)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Aggressive Growth</b> (focus on achieving capital appreciation by investing in securities with high growth potential) | <input type="checkbox"/> <b>Income with Moderate Growth</b> (focus is on generating current income while achieving moderate growth and preserving capital)                        |
| <input type="checkbox"/> <b>Growth</b> (focus on achieving capital appreciation)  | <input type="checkbox"/> <b>Capital Preservation</b> (main focus is on preserving capital in the account)   |
| <input type="checkbox"/> <b>Balanced</b> (some emphasis is placed on growth potential, while still focusing on preserving capital)                | <input type="checkbox"/> <b>Other</b> (This account objective does not match any of the three definitions above - please explain in detail below or attach paper as needed) _____ |

**Time Horizon:** When do you anticipate taking withdrawal from this account?

- 1-3 years  4-7 years  8-15 years  16+ years  Combination – Explain: \_\_\_\_\_

How long do you anticipate holding the account assets?

- 1-3 years  4-7 years  8-15 years  16+ years  Combination – Explain: \_\_\_\_\_

**Account Risk Tolerance** (Check only one – what is this account's overall risk tolerance?)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Speculative</b> (emphasis on alternative investments that can fluctuate dramatically in value)  | <input type="checkbox"/> <b>Moderate</b> (emphasis on a mix of income-oriented and growth-oriented investments, diversified portfolio with some market volatility) |
| <input type="checkbox"/> <b>Aggressive</b> (emphasis on investments that may fluctuate significantly)   | <input type="checkbox"/> <b>Moderately Conservative</b> (emphasis on cautious investments with some market volatility)   |
| <input type="checkbox"/> <b>Moderately Aggressive</b> (emphasis on a mix of investments that may fluctuate significantly short-term with other more stable investments) | <input type="checkbox"/> <b>Conservative</b> (emphasis on cautious investments with little market volatility)  |

**Primary Source of Funds For This Account** (\*May require Replacement/Switch Form)

- |   |  |   |                                       |  |                                  |                                       |
|---|--|---|---------------------------------------|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Current Income | <input type="checkbox"/> Variable Annuity* | <input type="checkbox"/> Broker Dealer Change | <input type="checkbox"/> Mutual Fund* | <input type="checkbox"/> Life Insurance Loan | <input type="checkbox"/> Bank CD |                                       |
| <input type="checkbox"/> RMD            | <input type="checkbox"/> IRA               | <input type="checkbox"/> 401(k)               | <input type="checkbox"/> Savings      | <input type="checkbox"/> Fixed Annuity*      | <input type="checkbox"/> FIA     | <input type="checkbox"/> Other: _____ |

■ **SECTION 6: CLIENT ACKNOWLEDGMENT AND EXECUTION**

I certify that I am of full legal age in the state in which I reside, and I am authorized to open this account.

Under penalties of perjury, I hereby certify that : (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). **The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

By execution of this Agreement, the client agrees that TownSquare Capital, LLC shall have no responsibility (financial or otherwise) for any adverse consequences resulting from, or attributable to, investments purchased or sold, or investment strategies undertaken, prior to the client's execution of this Agreement, including, but not limited to, investment losses, regardless of size or circumstances.

**ALL CLIENTS MUST SIGN.**

**Signatures:**

_____	_____	_____	
Client Signature	Client Name (print)	Date	
_____	_____	_____	
Joint Client Signature (if applicable)	Joint Client Name (print)	Date	
_____	_____	_____	_____
Rep Signature	Rep Name (print)	Date	Rep Code