

New Client Intake Form

This document is for gathering client information only, it is not an account opening document.

1. Client NAME

Last name		First name		MI	DOB
SSN	Email address	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Number of dependents	

LEGAL ADDRESS

Address		City	State	ZIP code
Home Phone	Business phone	Mobile phone		

MAILING ADDRESS Same as residential address

Address		City	State	ZIP code
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EMPLOYMENT AND SOURCE OF INCOME

Employer name	Occupation	Source of income (if retired, unemployed or disabled)		
Employer address	City	State	ZIP code	

CLIENT ID

Issued pictured ID type	ID number	State/country of issuance	Issue date	Expiration date
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2. Citizenship and Affiliations

U.S. citizen Resident alien Non-resident alien *W-8 Form needed*

For Resident alien and Non-resident alien - Country of citizenship and/or residence

- Employee or affiliate of any broker/dealer firm? Yes No
- Director, 10% shareholder or policy-making officer of any publicly traded co? Yes No Company name Ticker symbol

3. Joint Owner

NAME

Last name		First name		MI	DOB
SSN	Email address	Mobile phone	Business phone		

EMPLOYMENT AND SOURCE OF INCOME

Employer name	Occupation	Source of income (if retired, unemployed or disabled)		
Employer address	City	State	ZIP code	

CLIENT ID

Issued pictured ID type	ID number	State/country of issuance	Issue date	Expiration date
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4. Joint Owner Citizenship and Affiliations

U.S. citizen Resident alien Non-resident alien *W-8 Form needed*

For Resident alien and Non-resident alien - Country of citizenship and/or residence

1. Employee or affiliate of any broker/dealer firm? Yes No
 2. Director, 10% shareholder or policy-making officer of any publicly traded co? Yes No Company name Ticker symbol

5. Trusted Contact

Opt Out
 Name Phone Number Relationship

6. Client Investment Profile

<u>ANNUAL INCOME¹</u>	<u>ESTIMATED NET WORTH²</u>	<u>INVESTABLE/LIQUID ASSETS³</u>	<u>ANNUAL EXPENSES⁴</u>	<u>FEDERAL TAX BRACKET</u>
Select one.	Select one.	Select one.	Select one.	Select one.
<input type="checkbox"/> < \$25,000	<input type="checkbox"/> < \$50,000	<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> < \$50,000	<input type="checkbox"/> 15% or below
<input type="checkbox"/> \$25,000-\$50,000	<input type="checkbox"/> \$50,000-\$100,000	<input type="checkbox"/> \$50,000-\$100,000	<input type="checkbox"/> \$50,000-\$100,000	<input type="checkbox"/> 21%-27.5 %
<input type="checkbox"/> \$50,000-\$100,000	<input type="checkbox"/> \$100,000-\$500,000	<input type="checkbox"/> \$100,000-\$500,000	<input type="checkbox"/> \$100,000-\$250,000	<input type="checkbox"/> 27.5% or above
<input type="checkbox"/> > \$100,000	<input type="checkbox"/> > \$500,000	<input type="checkbox"/> > \$ 500,000	<input type="checkbox"/> \$250,000-\$500,000	
<input type="checkbox"/> Approximate* \$ _____	<input type="checkbox"/> Approximate* \$ _____	<input type="checkbox"/> Approximate* \$ _____	<input type="checkbox"/> > \$500,000	

***Approximate amounts are REQUIRED for annuities (fixed-rate, indexed, variable, SPIA), VULs, REITs, BDCs, LPs, and 1031 exchanges.**

SPECIAL EXPENSES

(Special Expenses may include but are not limited to home purchases, remodeling a home, car purchase, education or medical expenses.)

- No Special Expenses
 Yes
 Select one.
 \$0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$250,000
 > \$ 250,000

If Yes, explain: _____

TIME FRAME YOU EXPECT TO NEED THE SPECIAL EXPENSE FUNDS

Select one.**

- 0-2 years
 3-5 years
 6-10 years

**Leave blank if no special expenses.

- 1 - Annual income includes income from sources such as employment, alimony, Social Security, investment income, etc.
 2 - Net worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.
 3 - Investable/Liquid Assets is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.
 4 - Annual expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

PRIOR INVESTMENT EXPERIENCE

Select one per investment type.

<u>Investment Type</u>	<u>None</u>	<u>Limited</u>	<u>Good</u>	<u>Extensive</u>
General investment experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Retirement Plan***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Experience in only mutual funds should be marked as "limited" unless in an actively traded, self-directed account.

ASSETS

List the percentages for each type of asset. The total of all percentages should equal 100%.

Total value of assets: \$ _____
 Stocks _____ % Limited Partnerships _____ %
 Bonds _____ % Variable Contracts _____ %
 Mutual Funds _____ % Alt. Investments _____ %
 Options _____ % Annuities _____ %
 Other _____ %
 No Assets Held Away

7. Beneficiaries

PRIMARY

1.				
	Name	DOB	SSN	Relationship
2.				
	Name	DOB	SSN	Relationship
3.				
	Name	DOB	SSN	Relationship
4.				
	Name	DOB	SSN	Relationship
5.				
	Name	DOB	SSN	Relationship

CONTINGENT

1.				
	Name	DOB	SSN	Relationship
2.				
	Name	DOB	SSN	Relationship
3.				
	Name	DOB	SSN	Relationship
4.				
	Name	DOB	SSN	Relationship
5.				
	Name	DOB	SSN	Relationship

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