

*** Please get a copy of client's driver's license**



CLIENT PROFILE - QUALIFIED ACCOUNT

CLIENT INFORMATION

Client Name (First Middle Last) _____
Job Title _____ Date of Birth _____
Employer _____ SSN _____

CONTACT INFORMATION

Physical Address _____
Mailing Address (if different) _____
Home Phone _____ Work Phone _____
Email Address _____ Cell Phone _____

TRUSTED CONTACT

Name _____
Address _____
Phone _____
Email _____
Relationship _____

ACCOUNT INFORMATION

Source of Funds _____
Referred By _____
Current Advisor _____

FEE

Proposed Fee _____

IRA BENEFICIARY INFORMATION

Beneficiary Name _____
Beneficiary Address _____
Beneficiary SSN _____ Date of Birth _____
Email Address _____ Phone # _____

BANKING INFORMATION

Primary Bank _____ Account # _____
Account Name _____ Routing # _____

*** Please get a voided check from the client**

INTERNET ACCESS

Does the client want Internet access to accounts?
 Yes No

*** If yes, please tell clients they will receive two emails from SEI**