

*** 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 _____

Married? _____

Yes

No

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 _____

Relationship _____

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**

CONSOLIDATED STATEMENTS

Does the client want consolidated statements?

☐ Yes

☐ No