INDIVIDUAL CLIENT PROFILE

BRANCH # _____

FA # _____

KAYDAN
Wealth Management

Client Profile

PREFIX

LEGAL FIRST NAME

LEGAL MIDDLE NAME

LEGAL LAST NAME

SUFFIX

PREFERRED NAME *(if different)*

GENDER ☐ Male ☐ Female

DATE OF BIRTH *(mm-dd-yyyy)*

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

PERMANENT COUNTRY OF RESIDENCE

PRIMARY CITIZENSHIP

SECONDARY CITIZENSHIP

COUNTRY OF TAXATION

TAX PAYER ID COUNTRY

TAXPAYER ID TYPE: ☐ SSN ☐ TIN ☐ ITIN

TAX PAYER ID

TAX CERTIFICATION: ☐ Individual ☐ Foreign

Documentary Evidence

ID TYPE: ☐ Driver's License w/Photograph (Valid/Unexpired) ☐ Passport (Valid/Unexpired)

☐ Other _____

OTHER ACCEPTABLE IDs: Government Issued Identification Card w/Photograph (Valid/Unexpired).
*If none of these are available, please contact our Client Experience Team at 810-593-1624.

ID NUMBER

ISSUE DATE *(mm-dd-yyyy)*

EXPIRATION DATE *(mm-dd-yyyy)*

COUNTRY

STATE

Contact Information

PHONE INFORMATION

A Home, Business, or Cell phone number is required.

Preferred PHONE TYPE: ☐ Business ☐ Cellular ☐ Fax ☐ Home ☐ Pager ☐ Personal

COUNTRY CODE | PHONE NUMBER | EXTENSION

Alternate 1 PHONE TYPE: ☐ Business ☐ Cellular ☐ Fax ☐ Home ☐ Pager ☐ Personal

COUNTRY CODE | PHONE NUMBER | EXTENSION

Alternate 2 PHONE TYPE: ☐ Business ☐ Cellular ☐ Fax ☐ Home ☐ Pager ☐ Personal

COUNTRY CODE | PHONE NUMBER | EXTENSION

EMAIL INFORMATION

Preferred E-MAIL TYPE: ☐ Personal ☐ Business

E-MAIL ADDRESS

Additional E-MAIL TYPE: ☐ Personal ☐ Business

E-MAIL ADDRESS

ADDRESS INFORMATION

Please provide at least one physical address.

Address 1   ADDRESS TYPE *(check all that apply)* : ☐ Preferred mailing address   ☐ Use for tax reporting   ☐ Is physical address

_____

STREET ADDRESS (must be a physical address)

_____ _____ _____ _____

CITY   STATE   POSTAL/ZIP CODE   COUNTRY

Address 2   ADDRESS TYPE *(check all that apply)* : ☐ Preferred mailing address   ☐ Use for tax reporting   ☐ Is physical address

_____

STREET ADDRESS

_____ _____ _____ _____

CITY   STATE   POSTAL/ZIP CODE   COUNTRY

▶ Employment Information

EMPLOYMENT STATUS: ☐ Business Owner ☐ Self-Employed ☐ Employed ☐ Homemaker ☐ Student ☐ Unemployed ☐ Retired

_____   _____

JOB TITLE   EMPLOYER/BUSINESS NAME

All business owners or employed individuals must supply an Employer Address:

_____

STREET ADDRESS

_____ _____ _____ _____

CITY   STATE   POSTAL/ZIP CODE   COUNTRY

_____ _____ _____

OCCUPATION *(most recent, if retired)*   LAST EMPLOYED *(mm-yyyy)*   RETIREMENT YEAR *(yyyy)*

▶ Income and Net Worth

HOUSEHOLD ANNUAL INCOME:
- ☐ $50,000 and under
- ☐ $50,001 - $100,000
- ☐ $100,001 - $200,000
- ☐ $200,001 - $500,000
- ☐ $500,001 - $1,000,000
- ☐ $1,000,001 - $5,000,000
- ☐ $5,000,001 - $10,000,000
- ☐ $10,000,001 - $25,000,000
- ☐ Over $25,000,000

TAX BRACKET

Tax Bracket is required for all US Tax Payers.
- ☐ 0 - 24%
- ☐ 25% +

NET WORTH: (Net worth = Assets - Liabilities)
- ☐ $50,000 and under
- ☐ $50,001 - $100,000
- ☐ $100,001 - $200,000
- ☐ $200,001 - $500,000
- ☐ $500,001 - $1,000,000
- ☐ $1,000,001 - $5,000,000
- ☐ $5,000,001 - $10,000,000
- ☐ $10,000,001 - $25,000,000
- ☐ Over $25,000,000

LIQUID NET WORTH: (Liquid Net worth = Net worth - home)
- ☐ $50,000 and under
- ☐ $50,001 - $100,000
- ☐ $100,001 - $200,000
- ☐ $200,001 - $500,000
- ☐ $500,001 - $1,000,000
- ☐ $1,000,001 - $5,000,000
- ☐ $5,000,001 - $10,000,000
- ☐ $10,000,001 - $25,000,000
- ☐ Over $25,000,000

SOURCE OF WEALTH:
- ☐ Business Ownership
- ☐ Employment Income
- ☐ Gift/Inheritance
- ☐ Government/Retirement Benefits
- ☐ Insurance Benefits
- ☐ Investment Income/Appreciation
- ☐ Legal Settlement
- ☐ Other _____

If business Ownership is Source of Wealth, please provide this additional information.

BUSINESS NAME

INDUSTRY

INDUSTRY SUB-SECTOR

LENGTH OF TIME BUSINESS OWNED　　OWNERSHIP PERCENTAGE

If a gift/inheritance, please answer this question.

NAME OF PERSON GIFTED/INHERITED FROM

Investment Experience

Provide your experience, if any, with the following investment types:

	None	Moderate	Considerable		None	Moderate	Considerable
Equities	☐	☐	☐	Annuities	☐	☐	☐
Bonds	☐	☐	☐	Margin Trading	☐	☐	☐
Mutual Funds/UITs	☐	☐	☐	Options/Futures	☐	☐	☐
ETFs	☐	☐	☐	Alternative Investments	☐	☐	☐

Primary Beneficiaries

BENEFICIARY NAME	TAXPAYER ID	RELATIONSHIP TO THE OWNER	PERCENT (0-100%)	PER STIRPES	DATE OF BIRTH (mm-dd-yyyy)
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Contingent Beneficiaries *(optional)*

BENEFICIARY NAME	TAXPAYER ID	RELATIONSHIP TO THE OWNER	PERCENT (0-100%)	PER STIRPES	DATE OF BIRTH (mm-dd-yyyy)
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	