



New Brokerage Account Application Data Form

Please complete the following form to enable us to prepare new account application forms.

U.S. Patriot Act requires Driver's License information.

Name: _____ **Date:** ___/___/___

Client:

Where do you prefer your mail sent? _____Home _____Office

Driver's License #: _____ State: _____ Exp. Date: ___/___/___

____ Check here if you, a member of your immediate family, or any business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship, and country of office: _____

Specify the name(s) of any publicly-traded company of which you are a director, 10% shareholder or policy-making officer: _____

Specify the name of any securities firm, bank, trust or insurance company by which you are employed: _____

Would you prefer your monthly statements and trade confirmations via:

Paper _____ or Email _____ if email please list email address _____

Co-Client:

Where do you prefer your mail sent? _____Home _____Office

Driver's License #: _____ State: _____ Exp. Date: ___/___/___

____ Check here if you, a member of your immediate family, or any business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship, and country of office: _____

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Paper _____ or Email _____ If email please list email address: _____

_____ **Hqt 'DcpnlY kt g'Vt cpulgt 'qt 'Ggevt qple'Vt cpulgt 'lge wwt g'qp' { qwt 'dt qngt ci g'ceeqwpu r rncug'c'vcej 'c'xqlf gf 'ej genilt qo ' { qwt 'dcpnlceeqwpu0**

.....aaaa **Hqt 'Rgt uqpcnVt wuv'Ceeqwpvu 'r rncug'r t qxlf g'c'eqr { 'qhl'j g'vt wuv'ci t ggo gpw0**

(Brokerage account applications require that we cite page numbers for certain authorizations.)

Independent, Fee-Only Personal Wealth Management

7454 Jager Court • Cincinnati, OH 45230-4344 • 513-474-9191 • www.bernofinmgt.com

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IRA Beneficiary Information

If listing a Trust, state Trustee's name(s), name of Trust and date of Trust

Client:

Primary Beneficiary

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Contingent Beneficiary

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Client:

Primary Beneficiary

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Contingent Beneficiary

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

Name: _____ Soc.Sec.#: ____ - ____ - ____ Birth Date: ____ / ____ / ____

Home Street Address: _____ City: _____

State: _____ ZIP Code: ____ - ____ Relationship: _____ Share %: _____

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