## **CLIENT PROFILE**

## DUE DILIGENCE FORM INDIVIDUAL/JOINT ACCOUNT

ATTENTION: This form is for internal use only and should not be viewed or completed by the client. This form may not be shared with referral agents or with anyone outside the firm. For accounts with multiple parties, additional EDD forms for each account holder must be completed to collect the necessary client level information on each account holder. The Initial and Anticipated Activity section of the EDD form(s) needs to be completed only for the primary account holder.

REP NAME			REP NUMBER			
Account Name			Account Number			
Identify the type of client this	EDD Form	is for:				
☐ Domestic Individual(s)	☐ Sole P	roprietorship				
☐ Non-Resident Alien (NRA)	(NRA) Other Please Describe:					
☐ Resident Alien (RA)						
Section I: OWNER PROF	LE					
1. Name:	First		Middle		Last	
2. Address						
3. Country			4. Date of Birth (m	nm/dd/yyyy)	5. Public Figure	
			/ /	1	☐ Yes ☐ No	
	-	TE: A copy of a passport	or other government issu	ued photo ide	entification must be obtained for	
all non-resident alien (NRA) o  ☐ SSN ☐ Passport		(please specify)				
ID Number		of Issuance	Date of Issuance (mm	/11/	Evniration Date ( /// )	
ib Number	Country	or issuance		n/aa/yyyy) '	Expiration Date (mm/dd/yyyy)	
7. Are there additional indiv			in addition to the pers	son(s)	☐ Yes ☐ No	
identified above? (If "Yes"			45.54	dale ale e		
a. Is the financial information for the additional individual aggregated with the  Primary Account holder? (If "No", please fill out additional Client Profiles with each owner's information.)						
	•	s of "Married" or "Dor	mestic Partner", please	e provide th	ne following: last employment:	
Name of Spouse/Domestic Partner: Employer Name:		Employer Addre		- 1 3		
Date of Birth:		Employed Since:		Title:		
Section II: CLIENT INTRO	DUCTION					
			Authorized Person)?	(check one	)	
☐ Walk-in/Call-in	☐ Solicit		,	•	•	
Specify						
<ul><li>☐ Seminar/Conference</li><li>☐ Client initiated contact</li></ul>	☐ Mone	y Manager/ Investme	nt Advisor (specify name	e and compa	ny, if applicable)	
Name			Company			
☐ Inherited from another FA						
First Middle Last						
☐ Family Relationship (not valid for institutional business):						
Specify						
<ul><li>External Referral</li></ul>						

Α.	Name of Referring Party (please provide an individua	al or entity name):				
В.	Phone Number					
C.	Client's relationship to the referring party (provide details)					
D.	How long have you known the Referring Party?					
	nal Referral					
A.	Specify StateTrust Business					
B.	Existing Account Number(s) or Relationship Informat	ion (if applicable)				
C.	Contact Name:					
First	Middle	Last				
D.	Phone Number					
Othe	r (specify):					
2.	REPUTATIONAL INFORMATION					
a.	When did you first know the Client or Authorized Pe	erson?				
Client?		uthorized Person? Month:	Year:			
b.	Have you met personally at any time with the Clien		☐ Yes ☐ No			
	provide details of meeting including date and location					
	F					
	Band and a land a land a Climater Authorit	and Barrara area bears are and of				
c.	Based on your knowledge, has the Client or Authori	zed Person ever been accused of	☐ Yes ☐ No			
If "Yes,"	corrupt business practices?					
11 165,	specify.					
d.	Based on your knowledge, is there any negative me	dia surrounding the Client or	☐ Yes ☐ No			
	Authorized Person, his or her associates, family me	mbers or business?	1c31NO			
If "Yes,"	specify:					
e.	Based on your knowledge, has the Client or Authori	zed Person ever been convicted	□ Ves. □ Ne			
	of a serious crime?		∐ Yes ∐ No			
If "Yes,"	specify:					
f.	Based on your knowledge, has the Client or Authori	zed Person ever been subject of				
	a claim in a high profile civil case?		☐ Yes ☐ No			
If "Yes,"	specify:					
	Based on your knowledge, has the Client or Authori	ized Person over been consured				
g.	for unethical activity?	zeu reison ever been censureu	☐ Yes ☐ No			
If "Yes,"	•					
	specify.					
3.	ACCOUNT INFORMATION/PURPOSE					
	the primary purpose(s) of the account (select all that a					
☐ Invest		anagement/Corporate Treasury	Loan/Pledge/Collateral			
DVP/F	<del>-</del>	s Operating Account	Personal Checking Account			
Other	(please identify)					
4.	CLIENT INVESTOR PROFILE					
	the primary purpose(s) of the account ():	_				
Conse	ervative	☐ Aggressive	☐ Speculative			
Section	II: INITIAL AND ANTICIPATED ACTIVITY					
	DEPOSIT (SOURCE OF INITIAL FUNDS)					
1.	Please provide information as to the initial anticipa	ted denosit:				
	nate Value of Securities	Approximate value of checks/c	rach equivalents			
\$	mate value of Securities	\$	asii equivalents			
<b>2.</b>	How will the above securities/cash be received? (pl	_ i ·				
-	nal Transfer:	silven all that apply				

Account Number:						
Automated account transfer (ACAT):						
Financial Institution Name(s)	Provide Name:					
☐ Wire/ACH/AFT:						
a. Identify the institution(s) that will be transmitting	all or any of the initial deposit:					
b. Source of deposit:	·					
☐ Third Party	Name of Third Party:					
Country of Transmitting Institution:	·					
Reason and Relationship for Third Party:						
ANTICIPATED ACCOUNT ACTIVITY						
1. Approximate percentage of initial deposit to be i	nvested: %					
If less than 25%, please explain						
ii less than 2570, please explain						
2. FUNDS TRANSFERS (check all that apply):						
a. <b>ANTICIPATED INCOMING FUNDS ACTIVITY</b> (chee	ck all that apply):					
☐ Domestic ☐ Foreign	Yearly Frequency:					
Please identify anticipated jurisdiction(s) of incoming funds						
☐ Wires ☐ Same Name	☐ Third Party					
☐ Checks ☐ Same Name	☐ Third Party					
☐ Journals ☐ Same Name	☐ Third Party					
Describe the reason/purpose for any anticipated third party	funds movement					
	.1.11					
List names of expected third parties and relationship to acc	ount holder:					
b. ANTICIPATED OUTGOING FUNDS ACTIVITY (che						
☐ Domestic ☐ Foreign	Yearly Frequency:					
Please identify anticipated jurisdiction(s) of incoming funds						
☐ Wires ☐ Same Name	☐ Third Party					
☐ Checks ☐ Same Name	☐ Third Party					
☐ Journals ☐ Same Name	☐ Third Party					
Describe the reason/purpose for any anticipated third party	runas movement					
List names of expected third parties and relationship to acco	ount holder:					
List flames of expected tillid parties and relationship to acc	outi noider.					
Section IV: SOURCE OF WEALTH (must be complete	d for each Account Owner If not applicable state "N/A")					
Please state the client's current net worth	a for each recount of their it hot applicable, state 1477.					
\$						
	th /chack all that apply then fill out corresponding coctions below).					
2. Please identify the client's primary source of wealth (check all that apply, then fill out corresponding sections below):						
☐ Compensation/Employment     ☐ Business Ownership     ☐ Real Estate       ☐ Investment Returns (not including real estate)     ☐ Inheritance/Trust Fund						
	_ inneritance/ irust runu					
Section IV(a): PRIOR EMPLOYMENT COMPENSATION						
MOST RECENT EMPLOYMENT COMPENSATION						
☐ Derived from current employment ☐ Retired (provide information about last employer)						
a. Company:						
Address:						
b. Client's Occupation (be specific)						
c. Nature of employer's Business (be specific)						

d.	Annual Salary (Gross)	e. Employed		f.	Employed To		
	\$		(yea	r only)	(у	ear only)	
Section	ı IV (b): REAL ESTATE						
	CURRENT REAL ESTATE HOLDING	<u> </u>					
a.	Select all that apply:	Approximate Equity	Value	Present	Market Value		
	nercial Residential	\$		\$			
Name/Ti	tle, if applicable						
Address							
	mate monthly income generated f	rom real estate holdin	ıgs.				
\$							
Section	n IV (c): INVESTMENT RETU	RNS (NOT INCLUD	ING REAL ES	STATE)			
1.	Type (e.g. private investment se	curities)	Current investment value \$		Source of original fur	Source of original funds*	
2.	Type (e.g. private investment securities)		Current investment value		Source of original fur	ıds*	
Source o	of original funds is only required if	no other source(s) of	ı ₹ wealth have be	en indicated in Se	ection IV Question 2 Pa	nge 4	
	IV (d): INHERITANCE/TRUS				200000000000000000000000000000000000000	-80	
Section	Please identify wealth creator	3110110					
a.	Name First:		Middle:		Last:		
b.	Approximate date of inheritance	· ·		ationship to clien			
d.	Amount	••	e. Primary source of wealth for wealth creator(please				
u.	, and and			lain)	cultivor wealth creator	(picase	
	\$			,			
f.	What is the approximate value of	of gift today? (if differe	ent from the ar	nount above)			
	\$						
	V: ADDITIONAL INFORMA						
Please p	rovide additional information tha	at we might need to k	now about the	e client.			
SectionVI: SIGNATURES/APPROVALS							
	•	TCA VERIFICAT	TION 🗆 YE	S □NO			
Broker		Signature			Date		
	ed Principal	Signature			Date		
	Executive	Signature			Date		
J							

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