

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 Proprietorship
☐ Non-Resident Alien (NRA) ☐ Other Please Describe: _____
☐ Resident Alien (RA)

Section I: OWNER PROFILE

1. Name:			
First	Middle	Last	
2. Address			
3. Country		4. Date of Birth (mm/dd/yyyy) / /	5. Public Figure <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Type of Identification (check one): NOTE: A copy of a passport or other government issued photo identification must be obtained for all non-resident alien (NRA) owners <input type="checkbox"/> SSN <input type="checkbox"/> Passport <input type="checkbox"/> Other (please specify)			
ID Number	Country of Issuance	Date of Issuance (mm/dd/yyyy) / /	Expiration Date (mm/dd/yyyy) / /
7. Are there additional individuals in control of the account in addition to the person(s) identified above? (If "Yes", please respond to 7a.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
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.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If the client indicated a Marital Status of "Married" or "Domestic Partner", please provide the following:			
Name of Spouse/Domestic Partner:		Employer Name:	Employer Address:
Date of Birth:	Employed Since:	Title:	

Section II: CLIENT INTRODUCTION

1. How were you introduced to the Individual Client (or Authorized Person)? (check one)		
<input type="checkbox"/> Walk-in/Call-in <input type="checkbox"/> Solicitation		
Specify		
<input type="checkbox"/> Seminar/Conference <input type="checkbox"/> Money Manager/ Investment Advisor (specify name and company, if applicable)		
<input type="checkbox"/> Client initiated contact		
Name	Company	
<input type="checkbox"/> Inherited from another FA		
First	Middle	Last
<input type="checkbox"/> Family Relationship (not valid for institutional business):		
Specify		
<input type="checkbox"/> External Referral		

A. Name of Referring Party (please provide an individual or entity name):				
B. Phone Number				
C. Client's relationship to the referring party (provide details)				
D. How long have you known the Referring Party?				
<input type="checkbox"/> Internal Referral				
A. Specify StateTrust Business				
B. Existing Account Number(s) or Relationship Information (if applicable)				
C. Contact Name:				
First	Middle	Last		
D. Phone Number				
<input type="checkbox"/> Other (specify):				
2. REPUTATIONAL INFORMATION				
a. When did you first know the Client or Authorized Person?				
Client?	Month:	Year:	Authorized Person?	Month: Year:
b. Have you met personally at any time with the Client or Authorized?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide details of meeting including date and location:				
c. Based on your knowledge, has the Client or Authorized Person ever been accused of corrupt business practices?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," specify:				
d. Based on your knowledge, is there any negative media surrounding the Client or Authorized Person, his or her associates, family members or business?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," specify:				
e. Based on your knowledge, has the Client or Authorized Person ever been convicted of a serious crime?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," specify:				
f. Based on your knowledge, has the Client or Authorized Person ever been subject of a claim in a high profile civil case?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," specify:				
g. Based on your knowledge, has the Client or Authorized Person ever been censured for unethical activity?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," specify:				
3. ACCOUNT INFORMATION/PURPOSE				
Indicate the primary purpose(s) of the account (select all that apply):				
<input type="checkbox"/> Investment	<input type="checkbox"/> Foreign Exchange	<input type="checkbox"/> Cash Management/Corporate Treasury	<input type="checkbox"/> Loan/Pledge/Collateral	
<input type="checkbox"/> DVP/RVP	<input type="checkbox"/> Custody Services	<input type="checkbox"/> Business Operating Account	<input type="checkbox"/> Personal Checking Account	
<input type="checkbox"/> Other (please identify)				
4. CLIENT INVESTOR PROFILE				
Indicate the primary purpose(s) of the account ():				
<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Speculative	
Section III: INITIAL AND ANTICIPATED ACTIVITY				
INITIAL DEPOSIT (SOURCE OF INITIAL FUNDS)				
1. Please provide information as to the initial anticipated deposit:				
Approximate Value of Securities		Approximate value of checks/cash equivalents		
\$		\$		
2. How will the above securities/cash be received? (please check all that apply)				
<input type="checkbox"/> Internal Transfer:				

Account Number:	
<input type="checkbox"/> Automated account transfer (ACAT):	<input type="checkbox"/> Personal Check <input type="checkbox"/> Third Party Check
Financial Institution Name(s)	Provide Name:
<input type="checkbox"/> Wire/ACH/AFT:	
a. Identify the institution(s) that will be transmitting all or any of the initial deposit:	
b. Source of deposit:	
<input type="checkbox"/> 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 invested:** _____ %

If less than 25%, please explain

2. FUNDS TRANSFERS (check all that apply):

a. **ANTICIPATED INCOMING FUNDS ACTIVITY** (check all that apply):

☐ Domestic ☐ Foreign Yearly Frequency: _____
Please identify anticipated jurisdiction(s) of incoming funds:

<input type="checkbox"/> Wires	<input type="checkbox"/> Same Name	<input type="checkbox"/> Third Party
<input type="checkbox"/> Checks	<input type="checkbox"/> Same Name	<input type="checkbox"/> Third Party
<input type="checkbox"/> Journals	<input type="checkbox"/> Same Name	<input type="checkbox"/> Third Party

Describe the reason/purpose for any anticipated third party funds movement

List names of expected third parties and relationship to account holder:

b. **ANTICIPATED OUTGOING FUNDS ACTIVITY** (check all that apply):

☐ Domestic ☐ Foreign Yearly Frequency: _____
Please identify anticipated jurisdiction(s) of incoming funds:

<input type="checkbox"/> Wires	<input type="checkbox"/> Same Name	<input type="checkbox"/> Third Party
<input type="checkbox"/> Checks	<input type="checkbox"/> Same Name	<input type="checkbox"/> Third Party
<input type="checkbox"/> Journals	<input type="checkbox"/> Same Name	<input type="checkbox"/> Third Party

Describe the reason/purpose for any anticipated third party funds movement

List names of expected third parties and relationship to account holder:

Section IV: SOURCE OF WEALTH (must be completed for each Account Owner. If not applicable, state "N/A")

1. Please state the client's current net worth

\$

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

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)

