

# Client Profile

## Personal Data



Account Number: \_\_\_\_\_  
*(To be completed by Investment Adviser Representative)*

**INSTRUCTIONS:** This form contains editable fields. Please complete all applicable fields, print, sign the last page, and mail to 9221 SW 60 St., Miami, FL 33173 or scan and email the signed form to [fgs@finvas.com](mailto:fgs@finvas.com).

The USA PATRIOT ACT and several other financial industry regulations require every financial firm to obtain from its customers photo identification and a factual verification of residential addresses to eliminate fraudulent transactions, money laundering, and terrorist activities. There are stiff penalties associated with these requirements to ensure full compliance and adherence by everyone.

### Account Information

## CLIENT PROFILE

1. Account Holder(s): \_\_\_\_\_  
*Last Name, First Name, MI*
2. Civil Status: \_\_\_\_\_ 3. Number of Dependents: \_\_\_\_\_
4. Social Security No.: \_\_\_\_\_ 5. Nationality: \_\_\_\_\_
6. Address: \_\_\_\_\_  
*a) Street Address b) City c) State d) Zip Code*
7. Country of Residence: \_\_\_\_\_
8. Home: \_\_\_\_\_ 9. Work: \_\_\_\_\_ 10. Mobile: \_\_\_\_\_  
*###-###-####*
11. Primary Email Address: \_\_\_\_\_ 12. Alternate Email Address: \_\_\_\_\_

**13. Best Time to Contact:**  
*(Place a check mark in the appropriate boxes below.)*

	S	M	T	W	T	F	S
9am-12pm							
12pm-3pm							
3pm-6pm							
6pm-8pm							

**14. Preferred Method(s) of Contact:**  
*(Place a check mark in the appropriate boxes below.)*

Home phone	Primary Email
Work phone	Alt Email
Mobile phone	



## EMPLOYMENT

16. Employer Name: \_\_\_\_\_

17. Address: \_\_\_\_\_  
*a) Street Address                      b) City                      c) State                      d) Zip Code*

18. Annual Income: \_\_\_\_\_      19. Dates of Employment: \_\_\_\_\_  
*a) Begin Date                      b) End Date*

20. If you anticipate changes to any of the above information please detail in the space provided:

## Proof of Identity

(Obtain copies of documents described below in client file.)

21. Document Type: \_\_\_\_\_      24. Country of Issue: \_\_\_\_\_

22. Document No.: \_\_\_\_\_      25. Exp. Date: \_\_\_\_\_

23. Proof of Residency: \_\_\_\_\_

*(Examples: Driver's license, passport, country-issued identity card, utility bill, paycheck stub showing residential address)*

## Origin and Source of Assets

26. History (Background of Relationship, Shared Relationships, Previous Contacts)



**27. Financial Background of Beneficial Owners**

**28. Asset Sources (Financial position of beneficial owner(s), Incomes, Holdings in securities, and Other Sources).**

**29. Amount of Existing Assets—Earmarked for this Account and in Aggregate**

**30. Current Custodian(s) of Assets to be Managed**

a) Are aware of your current custodian’s transaction charges?	Yes	No
b) If your transactional costs exceed discount-broker charges for similar transactions, would you like to retain your present custodian?	Yes	No
c) Would you like Financial Investments Associates, LLC to recommend discount brokers to serve as your new custodian?	Yes	No



**31. Amount of Existing Assets—Earmarked for this Account and in Aggregate**

**32. Account Numbers**

<b>33. Trading Authorization or Limited Power of Attorney signed by client(s)?</b>	Yes	No
<b>34. Trading Authorization or Limited Power of Attorney accepted by custodian?</b>	Yes	No

**35. Date of Acceptance** \_\_\_\_\_  
mm/dd/yyyy

**4. Risk Profile**

TO BE FILLED OUT BY FINANCIAL INVESTMENTS ASSOCIATES, LLC ONLY			
<b>Is (are) the Beneficial Owner(s) politically exposed?</b>	Yes	No	
<b>Are applicants from a high risk jurisdiction as determined by OFAC?</b>	Yes	No	
<b>If yes, which?</b>	<div style="border: 1px solid black; height: 20px;"></div>		
<b>OFAC Verified?</b>	Yes	No	<b>Date?</b>
			mm/dd/yyyy
<b>By Whom?</b>	<div style="border: 1px solid black; height: 40px;"></div>		



## Professional Information

### 36. Company Size

How many employees work at your company?

### 37. Key Figure inside the Company

38. Are you considered an "insider" in a publicly-listed company?

Yes No

39. Are you an executive of a publicly-listed company?

Yes No

40. Does your employer have a website? If so, please enter the site's URL/address (e.g. www.mycompanywebsite.com)

41. List, describe, and detail any associated relationships with other accounts at the aforementioned firm:

## Investment and Risk Profile

*Check all that apply and explain the intended purpose(s) and financial goals for your capital:*

42. Future income: \_\_\_\_\_ 43. Target Year: \_\_\_\_\_

44. Retirement income: \_\_\_\_\_ 45. Target Ret. Age: \_\_\_\_\_

46. Loved one's education: \_\_\_\_\_ 47. Relationship: \_\_\_\_\_

48. Current income from market profits: \_\_\_\_\_

49. Speculation for growth: \_\_\_\_\_

50. Estate liquidity: \_\_\_\_\_

51. Other:



**Additional Remarks and Observations**

**Signatures**

**Client Signature**

*To the best of my knowledge, I assert that the information contained on this form is accurate.*

**Signature:** \_\_\_\_\_  
Signature

**Name:** \_\_\_\_\_  
Print Name

**Date:** \_\_\_\_\_  
mm/dd/yyyy

**Location:** \_\_\_\_\_  
City, State

**Investment Adviser Representative Signature**

**Signature:** \_\_\_\_\_  
Signature

**Name:** \_\_\_\_\_  
Print Name

**Date:** \_\_\_\_\_  
mm/dd/yyyy