

HENNION & WALSH
It comes down to trust.

2001 Route 46, Waterview Plaza, Parsippany, NJ 07054
T: (800) 836-8240 • F: (973) 299-0692
www.hennionandwalsh.com

Securities offered through Hennion & Walsh Inc. • Member: FINRA • SIPC

CONFIDENTIAL CLIENT PROFILE

This profile will provide Hennion & Walsh with preliminary information regarding your financial situation. We will obtain more detailed information from you about your finances, investment objectives, and time horizon so that we can make an appropriate recommendation. *Please initial the bottom of each page.*

PERSONAL INFORMATION

ACCOUNT HOLDER

Name _____
 Date of Birth _____ Social Security # _____
 Country of Citizenship _____ Country of Legal Residence _____
 Employer (indicate former employer if retired) _____
 Position / Title _____ Type of Business _____
 Marital Status Single Married Divorced Widowed

ADDITIONAL ACCOUNT HOLDER

Name _____ Relationship _____
 Date of Birth _____ Social Security # _____
 Country of Citizenship _____ Country of Legal Residence _____
 Employer (indicate former employer if retired) _____
 Position / Title _____ Type of Business _____

CONTACT INFORMATION

Home Address _____
 City _____ State _____ Zip _____
 Other Address Business Secondary Residence Other (please specify) _____
 Street _____
 City _____ State _____ Zip _____
 Home Phone # _____ Home Fax# _____ Cell # _____
 Business Phone -1 # _____ Business Fax-1 # _____ Email-1 _____
 Business Phone-2 # _____ Business Fax-2# _____ Email-2 _____
 Mail correspondence to Home Business Secondary Residence Other (please specify): _____
 Fax correspondence to Home Business-1 Business - 2 Secondary Residence
 Call me at home between _____ and _____ Call me at work between _____ and _____

PERSONAL BALANCE SHEET

Use this worksheet to calculate your net worth.
 This will help us to better understand your current financial situation.

ASSETS

Cash & Equivalents

(Includes checking, savings, CDs, money market) \$ _____

Investable Assets

After tax accounts (Individual, joint, trust) \$ _____

IRAs \$ _____

Annuities (_____ type) \$ _____

Retirement Plan Assets

(401k, 403b, 457, etc.) \$ _____

Real Estate

Primary residence \$ _____

Secondary residence \$ _____

Other real estate \$ _____

Other Personal Assets

Business Investments \$ _____

Stock options \$ _____

Other (please specify) \$ _____

Total Assets \$

LIABILITIES

Real estate mortgages \$ _____

Securities margin loan balance \$ _____

Other (please specify) _____ \$ _____

Total Liabilities \$

NET WORTH

Total Assets Less Total Liabilities \$

INCOME INFORMATION

Please provide total values for household.

Annual Personal Income (including salary, bonuses, investments): \$ _____

Main Source of Income: Employment Investments Social Security Other (Please specify: _____)

Number of Dependents: _____

TAX ISSUES*

*Please note that Hennion & Walsh is not a tax advisor. You should contact your tax advisor for all tax-related questions.

What is your Federal tax rate? 0-15% 25% 28% 33% 35%+

What is your State tax rate? 0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 11% 12%

Do you have any **tax-related issues** to be taken into consideration when managing your portfolio? Yes No

If yes, please explain:

ACCOUNT INFORMATION

Please indicate type and value of accounts you plan to open with Hennion & Walsh

Approximately what percentage of your total liquid assets will Hennion & Walsh be managing? _____%

<u>Account Type</u>	<u>Value</u>	<u>Account Type</u>	<u>Value</u>
<input type="checkbox"/> Individual	\$ _____	<input type="checkbox"/> IRA	\$ _____
<input type="checkbox"/> Joint	\$ _____	<input type="checkbox"/> Foundation	\$ _____
<input type="checkbox"/> Trust	\$ _____	<input type="checkbox"/> Company Retirement	\$ _____
<input type="checkbox"/> Partnership	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Corporate	\$ _____	<input type="checkbox"/> _____	\$ _____

RETIREMENT AND WITHDRAWAL INFORMATION

*For informational purposes only. Additional paperwork will be needed to take a withdrawal from your account.

Retirement: Currently Retired Planned Retirement Year: _____

Do you have other accounts you plan to draw income from upon retirement (e.g. pension plan)? Yes No

Current Total Value: \$ _____

Anticipated Annual Income \$ _____

Are you planning on taking any withdrawals from your portfolio(s)? Yes No

Account Withdrawals	Start Date	Frequency	Annual Amount	#Years	% Account
Hennion & Walsh Account(s)	_____	_____	_____	_____	_____
Other Account(s)	_____	_____	_____	_____	_____

RESTRICTIONS AND UNIQUE NEEDS

Are you, or any account holders, a director, officer, or 10% or greater shareholder in a publicly traded company? Yes No

If yes, please list the company or companies: _____

Are you considering mandating limitations to holding specific asset classes in the portfolio? Yes No

Are you considering any potential restrictions on certain securities or industry groups? Yes No

ADDITIONAL INFORMATION

During the last 12 months, how many times would you estimate you bought or sold mutual funds or individual securities?

- 0 1-5 5-10 11-25 26-50 51+

Approximately how often do you check the value of your investments?

- Once a year Several times each year Quarterly Monthly Weekly Daily

Please indicate the number of years of investment experience for each category (Enter "0" if none)

Equities _____ Bonds _____ Futures _____ Options _____ Other _____
(please specify)

Do you have a will? Yes No

When was the last time it was reviewed/updated? _____

Have you consulted with a qualified Estate Planning Attorney within the last 5 years? Yes No

What types of insurance coverage do you have in place today?

- Life _____ Long-Term Care _____
 Disability _____ Other _____

FINANCIAL STATEMENTS

IMPORTANT: PLEASE ATTACH A COPY OF YOUR MOST RECENT BROKERAGE STATEMENTS.

ACKNOWLEDGEMENT

BY SIGNING BELOW, I (WE), AM (ARE) ACKNOWLEDGING THAT I (WE) HAVE READ AND REVIEWED THIS CONFIDENTIAL CLIENT PROFILE AND THAT THE INFORMATION CONTAINED HEREIN IS TRUTHFUL AND ACCURATE.

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____
(mm/dd/yyyy)

Date: _____
(mm/dd/yyyy)

OPTIONAL ACCOUNT INFORMATION ACCESS FORM

***To provide account information to a 3rd party
(e.g. attorney, accountant, family member, etc.), please complete and return this form.***

CONTACT -1

Name: _____ Company: _____ Relationship: _____

Address: _____

Phone No: (_____) _____ Fax No.: (_____) _____

Email address: _____

Account name(s) related to this contact: _____

Please complete and sign:

I/We authorize you to provide the following selected account information to the above contact.			
<input type="checkbox"/> Custodial Statements		<input type="checkbox"/> H&W Statements	
<input type="checkbox"/> Custodial Year End Summaries 1099s		<input type="checkbox"/> H&W Account Information	
<input type="checkbox"/> Trade Confirmations			
_____	_____	_____	_____
Signature 1	Date	Signature 2	Date

**If you would no longer like information released to a contact please inform your Investment Representative in writing.*

CONTACT -2

Name: _____ Company: _____ Relationship: _____

Address: _____

Phone No: (_____) _____ Fax No.: (_____) _____

Email address: _____

Account name(s) related to this contact: _____

Please complete and sign:

I/We authorize you to provide the following selected account information to the above contact.			
<input type="checkbox"/> Custodial Statements		<input type="checkbox"/> H&W Performance Reports	
<input type="checkbox"/> Custodial Year End Summaries 1099s		<input type="checkbox"/> H&W Account Information	
<input type="checkbox"/> Trade Confirmations			
_____	_____	_____	_____
Signature 1	Date	Signature 2	Date

**If you would no longer like information released to a contact please inform your Investment Representative in writing.*