

Client Application — Natural Person

Advisor Number:

▶ Indicates a required field

1. Client Information

▶ Social Security Number: _____ - _____ - _____	▶ Date of Birth: ____ / ____ / _____
▶ Name:	
First: _____	Middle: _____
Last: _____	
▶ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	▶ Marital Status:
	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Number of dependents: _____	▶ Known Rep Since (YYYY) _____
▶ Is this client, or does this client represent any of the following?	
<input type="checkbox"/> No <input type="checkbox"/> Private Bank <input type="checkbox"/> Foreign Bank <input type="checkbox"/> US Central Bank	
<input type="checkbox"/> Senior Foreign Official Name: _____ Office Name: _____ Office Country: _____	

2. Citizenship and Legal Information

▶ Citizenship:

U.S. Citizen State of Residence: _____ Resident Alien Citizen of which country? _____
 U.S. Citizen Living Abroad Full-time resident of the U.S.? Yes No

▶ Met Client in Person and Picture ID? Yes No

▶ ID Type:

<input type="checkbox"/> Driver's License	<input type="checkbox"/> US/State ID Card	<input type="checkbox"/> Military ID Card
▶ _____ Issuing State	▶ _____ ID Number	▶ _____ Issuing Country
<input type="checkbox"/> Passport	<input type="checkbox"/> Green Card	
▶ _____ Issuing Country	▶ _____ Expiration Date: ____/____/____	
Expiration Date: ____/____/____	Expiration Date: ____/____/____	

Non-Documentary Verification For Branch Use Only

<input type="checkbox"/> Contacted Client	<input type="checkbox"/> Checked References w/Employer	<input type="checkbox"/> Financial Statement
<input type="checkbox"/> Independently Verified Identity	<input type="checkbox"/> Property Tax Bill	<input type="checkbox"/> Utility/Phone Bill
<input type="checkbox"/> Reverse Phone Directory		

Date of Verification: ____ / ____ / _____ Verification Number: _____

Contact Name: _____

3. Employment

▶ Employment Status: Employed Self-Employed Unemployed Home-based Student Retired

▶ Occupation: _____

▶ Employer Name: _____ Employed Since (YYYY) _____

▶ Employer Address: _____

▶ City: _____ State: _____ Zip: _____

4. Contact Information

▶ Legal Address: _____ _____	▶ Mailing Address: <input type="checkbox"/> Same as Legal Address _____ _____
Seasonal Address: _____ _____	P.O. Box: _____ _____

▶ Phone Check one box to indicate Primary Phone
 Home: _____ Business: _____ Cell: _____ Fax: _____

Business E-mail Address: _____ Personal E-mail Address: _____

5. Affiliations Refers to the Authorized Party

▶ Is this client an affiliate or related to an affiliate of AIG? Yes No
If Yes ▶ Affiliation Type: Registered Rep of BD Employee of BD Related to Affiliate Other AIG Affiliation

▶ Does this client have any affiliation with the securities industry? Yes No

▶ Is this client employed by a member firm of a stock exchange or other securities broker or dealer? Yes No
If Yes ▶ Institution Name: _____ ▶ Prior consent obtained? Yes No

▶ Is this client related to an affiliate or employee of another broker-dealer? Yes No

▶ Is this client a director, senior officer, or controlling person of a publicly traded company? Yes No
If Yes ▶ Company Name: _____

6. Financial Profiles

▶ Annual Income: \$ _____	▶ Federal Tax Bracket: <input type="checkbox"/> 29% - 33%
▶ Liquid Assets: \$ _____	<input type="checkbox"/> 0% - 15% <input type="checkbox"/> 34% - 39%
▶ Net Worth: \$ _____	<input type="checkbox"/> 16% - 28% <input type="checkbox"/> Over 40%

7. Investment Profile

▶ Prior Investment Experience? Yes No If Yes ▶ Indicate number of years for applicable categories:
Annuities _____ Bonds _____ Managed Accounts _____ Mutual Funds _____ Options _____ Stocks _____

8. Related Parties

Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____
▶ Tax ID Number: _____ - _____ - _____	▶ Tax ID Number: _____ - _____ - _____
▶ Name: _____	▶ Name: _____
▶ Date of Birth: ____ / ____ / ____	▶ Date of Birth: ____ / ____ / ____
▶ State of Residence: _____	▶ State of Residence: _____