Aristide Partners LLC
1501 Hull Avenue
Westchester, IL 60154

Client Profile Form

Regulations require each Registered Investment Advisor to maintain written information about each advisory Client as a basis for making any recommendation or providing any investment advice. This information is confidential and will only be used by us to help achieve your unique financial goals.

OWNER INFORMATION (minor child if UTMA/UGMA/EDU IRA)

First name/Company name: ____________________ **Last Name**: ________________________**MI:** _____

Gender: □ Male □ Female **US Citizen:** □ Yes □ No **Marital status:** □ Single □ Married □ Divorced □ Widow(er)

Number of dependents: ___ **Home phone:** ____________________ **Work phone:** ______________

SSN: ________________ **DOB:**________________ **Email:** ______________________________

Physical address: ________________ **City:** ________________**State:** _____ **Zip:** __________

Mailing address: ________________ **City:** ________________**State:** _____ **Zip:** __________

Employment status: □ Employed □ Self-employed □ Unemployed □ Student □ Retired □ Other:______________

Employer Name: ________________________________ **Owner's occupation:** ______________

Employer address:________________ **City:** ________________**State:** _____ **Zip:** __________

VERIFICATION OF CLIENT

Type: (must be government issued photo ID (e.g. Driver's license) ______________________________

ID#: __________________ **Issuer:** (i.e. State or Government Agency) __________ **Exp. Date**: ______

Citizenship Country: ______________ **Length of time advisor has known investor:** ____________

Are you a 10% shareholder of a publicly traded company? □ Yes □ No **Company name**: _____ **CUSIP**:_____

Is this a private banking account? □ Yes □ No **Is this account for a Foreign Financial Institution?** □ Yes □ No

Are you or anyone of interest in the account a politically exposed person? (Foreign Political Official) □ Yes □ No

How was the account acquired: □ Existing client □ Referral □ Unsolicited walk/call in □ Solicited □ Cold call

JOINT OWNER INFORMATION (custodian if UTMA/UGMA/EDU IRA)

First name/Company name: ____________________ **Last Name**: ________________________**MI:** _____

Gender: □ Male □ Female **US Citizen:** □ Yes □ No **Marital status:** □ Single □ Married □ Divorced □ Widow(er)

Number of dependents: ___ **Home phone:** ____________________ **Work phone:** ______________

SSN: ________________ **DOB:**________________ **Email:** ______________________________

Physical address: ________________ **City:** ________________**State:** _____ **Zip:** __________

Mailing address: ________________ **City:** ________________**State:** _____ **Zip:** __________

Employment status: □ Employed □ Self-employed □ Unemployed □ Student □ Retired □ Other:______________

Employer Name: ________________________________ **Owner's occupation:** ______________

Employer address:________________ **City:** ________________**State:** _____ **Zip:** __________

VERIFICATION OF CLIENT

Type: (must be government issued photo ID (e.g. Driver's license) ______________________________

ID#: __________________ **Issuer:** (i.e. State or Government Agency) __________ **Exp. Date**: ______

Citizenship Country: ______________ **Length of time advisor has known investor:** ____________

Are you a 10% shareholder of a publicly traded company? □ Yes □ No **Company name**: _____ **CUSIP**:_____

FINANCIAL INFORMATION (Owner & joint owner, if applicable)

Federal tax bracket: □ 0-15% □ 16-32% □ 33-50% □ 50%+

Estimated net worth: _______________ **Liquid net worth**: _______________ **Estimated annual income:** _______________

SUITABILITY INFORMATION (suitability information should be completed for each account type)

Types of Accounts

Non-qualified: Individual, Individual-TOD, Joint-Tenants WROS, Joint-Tenants in common, Joint-Community property, Joint-Transfer on death, 529, Guardian, UGMA, UTMA, Non-profit, Partnership, Estate, Trust, Other

Qualified: 401K, Profit Sharing, IRA, Roth, Simple, SEP, Roth Conversion, 403b, Other

Corporation/LLC: C Corp, S Corp, LLC

Risk Tolerance	Investment objective	Investment horizon	Source of funds
Conservative	Tax-free income	under 1 year	Savings/cash/wages/bank CD
Moderately conservative	Current income	1 to 3 years	Gift/inheritance
Moderate	Growth & income	3 to 5 years	Qualified transfer/rollover
Moderately aggressive	Capital preservation	5 to 10 years	Legal settlement/QDRO
Aggressive	Growth	10 to 20 years	Sale of primary residence
	Speculation	20+ years	Qualified plan forced distribution
			Insurance settlement/proceeds
			Non-qualified 1035 exchange
			Sale of land/investment property
			Non-qualified sale of stock/mutual funds

Account 1	Account 2	Account 3
Owner of account: ____________	Owner of account: ____________	Owner of account: ____________
Type of account: ____________	Type of account: ____________	Type of account: ____________
Risk tolerance: ____________	Risk tolerance: ____________	Risk tolerance: ____________
Investment objective: ____________	Investment objective: ____________	Investment objective: ____________
Investment horizon: ____________	Investment horizon: ____________	Investment horizon: ____________
Source of funds: ____________	Source of funds: ____________	Source of funds: ____________
Account 4	**Account 5**	**Account 6**
Owner of account: ____________	Owner of account: ____________	Owner of account: ____________
Type of account: ____________	Type of account: ____________	Type of account: ____________
Risk tolerance: ____________	Risk tolerance: ____________	Risk tolerance: ____________
Investment objective: ____________	Investment objective: ____________	Investment objective: ____________
Investment horizon: ____________	Investment horizon: ____________	Investment horizon: ____________
Source of funds: ____________	Source of funds: ____________	Source of funds: ____________

CURRENT INVESTMENTS & EXPERIENCE

Client owns/has the following:

□ Mutual funds ________ % ________ years □ CDs/money markets ________ % ________ years

□ Individual stocks & bonds_______ % ______ years □ Annuities (fixed/variable) _______ % ______ years

□ Other (please specify):____; ______ % _______ years

NOTES

ACKNOWLEDGEMENTS

By signing below, I/we acknowledge the above information is true and accurate to the best of my/our knowledge.

Print name: ____________________ Date: __________

Client signature: ____________________

Print name: ____________________ Date: __________

Client signature: ____________________

Advisor name: ____________________ Date: __________

Advisor signature: ____________________

Primary person(s) to contact in case of emergency

Name: ____________________

Relationship: ____________________ Phone number: __________

Name: ____________________

Relationship: ____________________ Phone number: __________