



Suitability Profile

IC # _____ IC Last Name _____ Doc 1017

Date ____/____/____ DLA Acct. # _____ Open Date ____/____/____ Update New

In order to comply with various SEC and FINRA regulatory requirements, and to properly service your account, you will be asked to provide David Lerner Associates, Inc. (DLA) with financial and other personal information. **DLA takes all reasonable and required measures to keep nonpublic personal information about you secure and confidential.**

Account Registration

DLA Employee related acct Margin: Yes No

- Individual Corporation Estate
- JTWROS Partnership Roth IRA
- JTIC Pension 529
- Custodial Institution IRA
- Guardian TOD/POD Insurance
- Trust (Date: ____/____/____)
- Other _____

Federated Money Market Portfolio

- Treasury Cash Series* Interstate Tax Exempt
- Municipal Bond Series Other _____

If no selection is chosen the Treasury Cash Series **taxable fund will be selected.*
An investment in money market funds is neither insured nor guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. Although money market funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in these funds. Please read the Federated Funds most recent prospectus for further details.

Account Title

Client Address

Mr. Mrs. Mr. and Mrs. Ms. Dr. Other _____

Last Name _____ Middle Initial _____ First Name _____

Physical Address (Required) — PO Box not acceptable

Street _____

City _____ State _____ Zip _____

- Home Tel (_____) _____ - _____
- Cell (_____) _____ - _____
- Work Tel (_____) _____ - _____ Ext. _____

Mailing Address: Use Physical Address

Street: _____

City _____ State _____ Zip _____

• Email _____ @ _____

General Information

ID: Drivers Lic. Government ID US Passport Other _____

ID# _____ US Citizen Permanent Resident Alien Non-Resident Alien

Issued by _____ Issue Date ____/____/____ Exp. Date ____/____/____ SS/Tax ID # _____ - _____ - _____

• Marital Status Single Married Divorced Widowed • Date of Birth (mm/dd/yyyy) ____/____/____

Gender: Male Female • No. of Dependents _____ • Retired? Yes No Employee of David Lerner Associates

• Employer** _____

• Type of Business** _____ • Years with Employer _____

• Occupation** _____

Street _____ Suite #/PO Box _____

City _____ State _____ Zip _____

***If retired, state former employer/occupation*

Occupation Category**

- (check one)*
- I Salaried
 - J Self-employed
 - L Unemployed
 - M Disabled
 - G Other _____

Joint Investor/Spouse/Related Party ID: Drivers Lic. Government ID US Passport Other _____

ID# _____ US Citizen Permanent Resident Alien Non-Resident Alien

Issued by _____ Issue Date ____/____/____ Exp. Date ____/____/____ SS/Tax ID # ____-____-____

Last Name _____ Middle Initial _____ First Name _____

• Marital Status Single Married Divorced Widowed • Date of Birth (mm/dd/yyyy) ____/____/____

Gender: Male Female • No. of Dependents _____ • Retired? Yes No Employee of David Lerner Associates

• Employer** _____ • Years with Employer _____

• Type of Business** _____ • Email _____@_____

• Occupation** _____

Street _____ Suite #/PO Box _____

City _____ State _____ Zip _____

• Home (____) _____ - _____ • Work Tel (____) _____ - _____ ext _____

• Cell (____) _____ - _____ **If retired, state former employer/occupation

Occupation Category**

- I Salaried
- J Self-employed
- L Unemployed
- M Disabled
- G Other _____

Secondary Mailing Address Duplicate Confirms Duplicate Statements Dividends

Mr. Mrs. Mr. and Mrs. Ms. Dr. Other _____ Email _____@_____

First Name _____ Middle Initial _____ Last Name _____

Street _____ Apt # or P.O. Box _____

City _____ State _____ Zip _____ - _____

Home Tel (____) _____ - _____ Cell (____) _____ - _____

• **Family Information** *Include names, date of birth and marital status if relevant*

_____ # of Children _____

_____ # of Grandchildren _____

• **Accounts with other Financial Institutions (list names)**

Investment Firms	Banks	Insurance Companies
_____	_____	_____
_____	_____	_____
_____	_____	_____

• **Investment Objectives (check one)**

- I Capital App & Income
- J Capital Appreciation (App)
- P Cap App & Tax Reduction
- H Income
- O Income & Tax Reduction
- F Tax Reduction
- Q Tax Reduction, Capital Appreciation & Income

• Number of years of investing experience (Inv. 1): _____

• Number of years of investing experience (Inv. 2): _____

• Investment Time Horizon: _____

• **Seek Additional Information**

- Retirement Planning
- Providing for Heirs
- Estate Preservation
- Planning for College
- Supplementing Income
- Other(s) _____

Risk Tolerance (check one)

- CO Conservative
- MC Moderate Conservative
- MO Moderate
- MA Moderate Aggressive
- AG Aggressive

Accountant Information

• Name _____

Address _____

Attorney Information

• Name _____

Address _____

Securities Industry Affiliation

Are you or an immediate family member:

- 1) A director, 10% shareholder, or policy making officer of any publicly traded company? Yes No
- 2) Employed by a broker/dealer, investment advisor, or other securities firm? Yes No
- 3) A senior officer of a bank, savings and loan, insurance company, registered investment advisory firm, registered investment company, or a person who could influence the trading of investments in an institutional type of account? Yes No

Insurance	Investor 1				Investor 2			
	Company/Policy #	Pol. Date	Face Amt.	Premium	Company/Policy #	Pol. Date	Face Amt.	Premium
Universal Life								
Variable Life								
Term Life								
Whole Life								
Estate Preservation								
LTC Insurance								
Disability Insurance								
Work <input type="checkbox"/> Portable								
Business Insurance								

PURPOSE	Investor 1		Investor 2		Source of Funds	
	Date Written/None				A <input type="checkbox"/> Current Income/Savings	H <input type="checkbox"/> IRA Rollover
Spouse				B <input type="checkbox"/> Gift/Inheritance	I <input type="checkbox"/> Personal Loan	
Children				C <input type="checkbox"/> Securities Sale	J <input type="checkbox"/> 1035 Exchange	
Grandchildren				D <input type="checkbox"/> Contract Surrender	K <input type="checkbox"/> Social Security	
Charity				E <input type="checkbox"/> Existing Policy Values	L <input type="checkbox"/> Account Transfer	
Other _____				F <input type="checkbox"/> Death Benefit Proceeds	M <input type="checkbox"/> Other _____	
				G <input type="checkbox"/> Qualified Plan Rollover		

Signatures

By signing below, client(s) represents that he/she has reviewed the above information for completeness and accuracy.

Client **X** _____ Date ____ / ____ / ____

Joint Owner/Other **X** _____ Date ____ / ____ / ____

I.C. _____ Date ____ / ____ / ____ Principal _____ Date ____ / ____ / ____

Initial Source (check one)

- E Existing Account
- R Referral (Non-Client)
- H Inherited Account
- L Renewed Lead
- T Telemarketing
- F FFP
- P Personal Potential
- N Network Meeting
- A Prospecting Call
- S Seminar Attendee:
- X Exhibit Name & Date: _____
- C Seminar NS
- G Speaking Engagement
- W Website Contact
- B Take One Box/BRC
- I Call In
- K Walk in
- Advertising:
- D Radio
- V TV
- H Print
- M Mailer
- O Other(s) _____

Client Referral: Name _____ Acct. _____



www.davidlerner.com

Member FINRA & SIPC