

# St. Therese Financial LLC

## Company/Entity Ownership 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.

ACCOUNT TYPE			
<b>Corporation</b> <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> Profit Sharing	<b>Limited Liability Company</b> <input type="checkbox"/> Single Member LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Family Limited Partnership		<input type="checkbox"/> Series LLC <input type="checkbox"/> Restricted LLC <input type="checkbox"/> Member-Managed LLC
<b>Other Company Type</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> 401k			
<input type="checkbox"/> Other (if not listed above):			
ACCOUNT TITLE (Please attach Corp. Resolution and/or Certification of Investment Powers, Plan Documentation, Articles of Inc., etc.)			
Account Title/First & Last Name/Company Name (please print):			
Social Security Number/TIN:			
Legal Address:		City, State, ZIP:	
Mailing Address:		City, State, ZIP:	
OWNER/TRUSTEE/AUTHORIZED PERSON(S) INFORMATION			
Last Name:		First Name:	MI:
Preferred Name:	Date of Birth:	Social Security Number:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Home Address:		City, State, ZIP:	
Phone:		Email:	
VERIFICATION OF OWNER/TRUSTEE/AUTHORIZED PERSON(S)			
Length of time advisor has known investor:			
ID Type:		(must be government issued photo ID (e.g. Driver's license))	
ID#		Issuer (i.e. State or Government Agency):	
Exp. Date:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Country:	
Are you a 10% shareholder of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name:		CUSIP:	
Are you or anyone of interest in the account a politically exposed person? (Foreign Political Official) <input type="checkbox"/> Yes <input type="checkbox"/> No			
JOINT OWNER/CO-TRUSTEE/AUTHORIZED PERSON(S)			
Last Name:		First Name:	MI:
Preferred Name:	Date of Birth:	Social Security Number:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Home Address:		City, State, ZIP:	
Phone:		Email:	

VERIFICATION OF OWNER/TRUSTEE/AUTHORIZED PERSON(S)			
Length of time advisor has known investor:			
ID Type:		(must be government issued photo ID (e.g.Driver's license))	
ID#		Issuer (i.e. State or Government Agency):	
Exp. Date:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Country:	
Are you a 10% shareholder of a publicly traded company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:		CUSIP:	
Are you or anyone of interest in the account a politically exposed person? (Foreign Political Official) <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDITIONAL INFORMATION			
How was the account acquired?			
<input type="checkbox"/> Existing client	<input type="checkbox"/> Referral	<input type="checkbox"/> Unsolicited walk/call in	
<input type="checkbox"/> Solicited	<input type="checkbox"/> Cold call	<input type="checkbox"/> Other: _____	
RISK TOLERANCE			
<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Moderate	
<input type="checkbox"/> Moderately Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Other: _____	
PRIMARY INVESTMENT OBJECTIVE			
<input type="checkbox"/> Tax Advantaged	<input type="checkbox"/> Current Income	<input type="checkbox"/> Growth	<input type="checkbox"/> Growth & Income
<input type="checkbox"/> Safety of Principal	<input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> Speculation	<input type="checkbox"/> Other: _____
INVESTMENT HORIZON			
<input type="checkbox"/> Under 1 year	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> 20+ years
NET WORTH AND/OR PLAN TRUST ASSETS			
\$			
Notes:			
ACKNOWLEDGEMENTS			
By signing below, I/we acknowledge the above information is true and accurate to the best of my/our knowledge.			
Client 1 Signature:			
Print Name:			Date:
Client 2 Signature:			
Print Name:			Date:
Advisor Signature:			
Print Name:			Date: