

INDIVIDUAL CLIENT PROFILE

INSTRUCTIONS

Complete one Client Profile for each individual establishing an account relationship with Spire Investment Partners, LLC. and its subsidiaries Spire Wealth Management and Spire Securities. The information gathered in this application helps us comply with various securities regulations and rules and the USA PATRIOT Act, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. The information also helps us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

Please note: If we cannot verify the information you provide, we may be required to restrict or deny your account.

Rep Code: _____

Client ID: _____

This profile is being completed as part of a fixed insurance application.

1. CONTACT INFORMATION

First Name Middle Name Last Name

Permanent Address Apt/Suite No.

City State Zip Country

Mailing Address (if different from above) Apt/Suite No.

City State Zip Country

Mobile Phone Home Phone

Work Phone Email

Single Married Domestic Partner
 Divorced Widowed No. of Dependents _____

2. UNITED STATES PATRIOT ACT INFORMATION

Required by law, see instructions sidebar.

Date of Birth (MM/DD/YYYY) Social Security or Taxpayer ID Number

Country of Citizenship ID Number (select type below)

Driver's License Passport State ID
 Other Government-Issued ID _____

Place/Country of Issue Date of Expiration (MM/DD/YYYY)

Country of Tax Residence (if different from above)

**Note: By providing your email address here you are offering your consent to receive important notices and required regulatory disclosures electronically by email communication. Spire Investment Partners, LLC. will not utilize this email for marketing purposes and will safeguard your information in accordance with our Privacy Policy.*

3. EMPLOYEE STATUS AND INFORMATION

- Employed
 Not Employed
 Retired

Employer _____

Occupation _____

4. INDUSTRY AND OTHER AFFILIATIONS

Are you, your spouse, or any other immediate family members, including parents in-laws, siblings and dependents living at the same address...

- A.** Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator? Yes No

If Yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).

- Broker-Dealer or Municipal Securities Dealer
 FINRA or other Self Regulatory Organization*
 Company Name: _____
 Investment Adviser
 State or Federal Securities Regulator
 Relationship to Affiliate: _____

- B.** An officer, director or 10% (or more) shareholder in a publicly-owned company? Yes No

If Yes, Name of Company and Symbol: _____

- C.** A senior military, governmental or political official in a non-US country? Yes No

If Yes, Name of Country:** _____

5. FINANCIAL PRODUCT KNOWLEDGE

This section collects information to better understand your investment experience. We recognize your responses may change over time as you work with us. Please check the boxes that best describe your investment experience to date.

INVESTMENT	YEARS EXPERIENCE		
	None	1 to 5	Over 5
Mutual Funds / ETFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative (may include structured products, hedge funds, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.

**Firms may consider whether to include this question in the context of their risk assessment procedures and the products and services they offer.

6. FINANCIAL SITUATION AND NEEDS, LIQUIDITY CONSIDERATIONS AND TAX STATUS

Household Declaration: If Household finances are combined, provide information as such.

ANNUAL INCOME¹

(From all sources)

- \$25,000 and under
- \$25,001–50,000
- \$50,001–100,000
- \$100,001–250,000
- \$250,001–500,000
- Over \$500,000

NET WORTH²

(Excluding Primary Residence)

- \$25,000 and under
- \$25,001–50,000
- \$50,001–200,000
- \$200,001–500,000
- \$500,001–1,000,000
- \$1,000,000–3,000,000
- Over \$3,000,000

LIQUID NET WORTH³

(Including Cash and Securities)

- \$25,000 and under
- \$25,001–50,000
- \$50,001–200,000
- \$200,001–500,000
- \$500,001–1,000,000
- \$1,000,000–3,000,000
- Over \$3,000,000

FEDERAL

TAX BRACKET

- 0–15%
- 16–25%
- 26–30%
- 31–35%
- Over 35%

RECURRING ANNUAL EXPENSES⁴

- \$25,000 and under
- \$25,001–100,000
- \$100,001–250,000
- \$250,001–500,000
- Over \$500,000

SPECIAL EXPENSES⁵

- N/A
- \$25,000 and under
- \$25,001–100,000
- \$100,001–250,000
- \$250,001–500,000
- Over \$500,000

TIMEFRAME FOR SPECIAL EXPENSES

- N/A
- Within 2 years
- 3–5 years
- 6–10 years

1. Annual income includes income from sources such as employment, alimony, social security, investment income, etc.

2. Net worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

3. Liquid net worth is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

4. Annual expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

5. Special expenses might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

7. TAX WITHHOLDING CERTIFICATIONS

- U.S. PERSON:** Under penalty of perjury, I certify that: (1) I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
- CERTIFICATION INSTRUCTIONS:** You must check this box if you cannot certify to item (2) above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
- NON-RESIDENT ALIEN:** I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

8. TRUSTED CONTACT

This section is required. Make an election to indicate if you would like a trusted contact. If yes, complete all the contact information for the trusted contact.

Yes, please add a trusted contact with the information provided below.

No, I do not want to add a trusted contact. Client Initials: _____

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Contact Name

Relationship to Client

Daytime Phone

Evening Phone

Email

Street Address

Apt/Suite

City

State

Zip

9. SIGNATURES

By signing this application, you affirm that the information you have provided is accurate to the best of your knowledge, and that you agree to notify us of any changes in the information provided.

Print Client Name <i>First, M.I., Last</i>	
Client Signature	Date <i>MM-DD-YYYY</i>
SIGN ▶	▶

FOR COMPANY USE ONLY

By signing this form, the IAR/RR affirms they have reviewed this information with the customer, determined it is accurate, and that it is not altered after client signature.

Print Representative Name <i>First, M.I., Last</i>	
Representative Signature	Date <i>MM-DD-YYYY</i>
SIGN ▶	▶

Print Principal Name <i>First, M.I., Last</i>	
Principal Signature	Date <i>MM-DD-YYYY</i>
SIGN ▶	▶