# **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 Nam	e	Last Name
Permanent Address			Apt/Suite No.
City	State Zip		Country
Mailing Address (if diffe	rent from above	e)	Apt/Suite No.
City	State Zip		Country
Mobile Phone		Home Ph	ione
Work Phone		Email*	
Single	Married		Domestic Partner
Divorced	Widowed	No. d	of Dependents
2. UNITED STA Required by law, s			CT INFORMATION
Date of Birth (MM/DD/Y	YYY) Socia	I Security	or Taxpayer ID Number
Country of Citizenship		ID Numb	er (select type below)
<ul> <li>Driver's License</li> <li>Other Government-</li> </ul>	Passpor		) State ID
Place/Country of Issue		Date of E	xpiration (MM/DD/YYYY)
Country of Tax Residen	ce (if different f	rom above	2)

\*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 I	NFORMATION
Employed Not Employed	Retired
Employer	Occupation
4. INDUSTRY AND OTHER A	FFILIATIONS
Are you, your spouse, or any other immed at the same address	diate family members, including parents in-laws, siblings and dependents living
manager, registered representative or oth or a financial services regulator? If Yes, please specify entity below. If this	ities industry (for example, a sole proprietor, partner, officer, director, branch er associated person of a broker-dealer firm) Yes No entity requires its approval for you to open e required authorization letter (with this Application).
Securities Dealer Org	RA or other Self Regulatory Company Name:
<b>B.</b> An officer, director or 10% (or more) shareh	nolder 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?
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 None	EXPERIEI 1 to 5	NCE Over 5
Mutual Funds / ETFs			
Individual Stocks			
Bonds			
Options			
Futures			
Annuities			
Alternative (may include structured products, hedge funds, etc.)			

\*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 INCOME<sup>1</sup> (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 WORTH<sup>2</sup>**



- \$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%

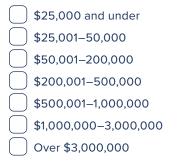
16-25%

26-30%

31-35%

Over 35%

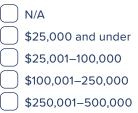
#### LIQUID NET WORTH<sup>3</sup> (Including Cash and Securities)



#### RECURRING **ANNUAL EXPENSES<sup>4</sup>**

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

#### **SPECIAL EXPENSES<sup>5</sup>**



Over \$500,000

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

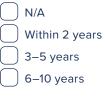
2. Net worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding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

#### **TIMEFRAME FOR** SPECIAL EXPENSES



## **.** 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.

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).

Yes, please add a trusted provided below.	contact with the informati	on		
No, I do not want to add a	not want to add a trusted contact.		Client Initials:	
Contact Name				
Relationship to Client				
Daytime Phone	Evening Phone			
Email				
Street Address			Apt/Suite	
City	Sta	ite	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.

Date MM-DD-YYYY

#### 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 First, M.I., Last		
Representative Signature	Date	MM-DD-YYYY
SIGN		
Drint Dringing Name First MILL get		
Print Principal Name First, M.I., Last		
Principal Signature	Date	MM-DD-YYYY