

HENNION & WALSH
It comes down to trust.®

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Securities offered through Hennion & Walsh Inc. • Member: FINRA • SIPC

CONFIDENTIAL CLIENT PROFILE

This profile will provide Hennion & Walsh with preliminary information regarding your financial situation. Providing us with current copies of existing brokerage accounts that you may have will assist us in our overall review process. We will also look to obtain more detailed information from you about your finances, investment objectives, and time horizon so that we can make appropriate recommendations for your consideration. *Please initial the bottom of each page and sign where indicated on Page 4.*

PERSONAL INFORMATION

ACCOUNT HOLDER

Name _____ Date of Birth _____

Social Security # _____ Government ID _____

Country of Citizenship _____ Country of Legal Residence _____

Employer (indicate former employer if retired) _____

Position / Title _____ Type of Business _____

Marital Status Single Married Divorced Widowed

ADDITIONAL ACCOUNT HOLDER

Name _____ Relationship _____

Date of Birth _____ Social Security # _____

Country of Citizenship _____ Government ID _____

Employer (indicate former employer if retired) _____

Position / Title _____ Type of Business _____

CONTACT INFORMATION

Home Address _____

City _____ State _____ Zip _____

Other Address Business Secondary Residence Other (please specify) _____

Street _____

City _____ State _____ Zip _____

Home Phone # _____ Home Fax# _____ Cell # _____

Business Phone -1 # _____ Business Fax-1 # _____ Email-1 _____

Business Phone-2 # _____ Business Fax-2# _____ Email-2 _____

Mail correspondence to Home Business Secondary Residence Other (please specify): _____

Fax correspondence to Home Business-1 Business - 2 Secondary Residence

Call me at home between _____ and _____ Call me at work between _____ and _____

PERSONAL BALANCE SHEET

Use this worksheet to calculate your net worth.
This will help us to better understand your current financial situation.

ASSETS

Cash & Equivalents

(Includes checking, savings, CDs, money market funds) \$ _____

Investable Assets

After tax accounts (Individual, joint, trust) \$ _____

IRAs \$ _____

Annuities (_____ type) \$ _____

Retirement Plan Assets

(401k, 403b, 457, etc.) \$ _____

Real Estate

Primary residence \$ _____

Secondary residence \$ _____

Other real estate \$ _____

Other Personal Assets

Business Investments \$ _____

Stock options \$ _____

Other (please specify) \$ _____

Total Assets \$ _____

LIABILITIES

Real estate mortgages \$ _____

Securities margin loan balance \$ _____

Other (please specify) _____ \$ _____

Total Liabilities \$ _____

NET WORTH

Total Assets Less Total Liabilities \$ _____

INCOME INFORMATION

Please provide total values for household.

Annual Personal Income (including salary, bonuses, investments): \$ _____

Main Source of Income: Employment Investments Social Security Other (Please specify:) _____

Number of Dependents: _____

TAX ISSUES*

*Please note that Hennion & Walsh is not a tax advisor. You should contact your tax advisor for all tax-related questions.

What is your Federal tax rate? 0-15% 25% 28% 33% 35%+

What is your State tax rate? 0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10% 11% 12%

Do you have any **tax-related issues** to be taken into consideration when managing your portfolio? Yes No

If yes, please explain:

ACCOUNT INFORMATION

Please indicate type and value of accounts you plan to open with Hennion & Walsh

Approximately what percentage of your total liquid assets will Hennion & Walsh be managing? _____%

<u>Account Type</u>	<u>Value</u>	<u>Account Type</u>	<u>Value</u>
<input type="checkbox"/> Individual	\$ _____	<input type="checkbox"/> IRA	\$ _____
<input type="checkbox"/> Joint	\$ _____	<input type="checkbox"/> Foundation	\$ _____
<input type="checkbox"/> Trust	\$ _____	<input type="checkbox"/> Company Retirement	\$ _____
<input type="checkbox"/> Partnership	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Corporate	\$ _____	<input type="checkbox"/> _____	\$ _____

RETIREMENT AND WITHDRAWAL INFORMATION

*For informational purposes only. Additional paperwork will be needed to take a withdrawal from your account.

Retirement: Currently Retired Planned Retirement Year: _____

Do you have other accounts you plan to draw income from upon retirement (e.g. pension plan)? Yes No

Current Total Value: \$ _____

Anticipated Annual Income \$ _____

Are you planning on taking any withdrawals from your portfolio(s)? Yes No

Account Withdrawals	Start Date	Frequency	Annual Amount	#Years	% Account
Hennion & Walsh Account(s)	_____	_____	_____	_____	_____
Other Account(s)	_____	_____	_____	_____	_____

RESTRICTIONS AND UNIQUE NEEDS

Are you, or any account holders, a director, officer, or 10% or greater shareholder in a publicly traded company? Yes No

If yes, please list the company or companies: _____

Are you considering mandating limitations to holding specific asset classes in the portfolio? Yes No

Are you considering any potential restrictions on certain securities or industry groups? Yes No

ADDITIONAL INFORMATION

During the last 12 months, how many times would you estimate you bought or sold mutual funds or individual securities?

- 0 1-5 5-10 11-25 26-50 51+

Approximately how often do you check the value of your investments?

- Once a year Several times each year Quarterly Monthly Weekly Daily

Please indicate the number of years of investment experience for each category (Enter "0" if none)

Equities _____ Bonds _____ Futures _____ Options _____ Other _____
(please specify)

Do you have a will? Yes No

When was the last time it was reviewed/updated? _____

Have you consulted with a qualified Estate Planning Attorney within the last 5 years? Yes No

What types of insurance coverage do you have in place today?

- Life _____ Long-Term Care _____
 Disability _____ Other _____

PORTFOLIO REBALANCING ACKNOWLEDGEMENT AND CONSENT

This acknowledgement and consent authorizes Hennion & Walsh Asset Management ("Portfolio Manager") to, without Client's prior consent, rebalance the Client's assets as deemed necessary by the Portfolio Manager, between and among Client's advisory accounts in accordance with percentage allocations either specifically selected by the Client or that are determined by the Portfolio Manager in consideration of the Client's Investment Objectives and Investment Constraints, if any, as set forth in the Client's Account Profile/Investment Policy. The rebalancing authority acknowledged and consented to herein includes the ability of the Portfolio Manager to transfer securities, cash, or cash equivalents between and among Client's advisory accounts. This authorization does not extend to any non-advisory or brokerage accounts held by Client.

RECEIPT OF FORM ADV AND PROFILE ACKNOWLEDGEMENT

BY SIGNING BELOW, I (WE), AM (ARE) ACKNOWLEDGING THAT I (WE) HAVE RECEIVED FORM ADV AND THAT I (WE) HAVE READ AND REVIEWED THIS CONFIDENTIAL CLIENT PROFILE AND THAT THE INFORMATION CONTAINED HEREIN IS UNDERSTOOD, TRUTHFUL AND ACCURATE.

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____
(mm/dd/yyyy)

Date: _____
(mm/dd/yyyy)