

Client Application — Natural Person

Advisor Number:

▶ Indicates a required field

1. Client Information

▶ Social Security Number: _____

▶ Date of Birth: ___ / ___ / _____

▶ Name:

First:

Middle:

Last:

▶ Gender: M F

▶ Marital Status:

Married

Single

Widowed

Number of dependents:

▶ Known Rep Since (YYYY)

▶ Is this client, or does this client represent any of the following?

No Private Bank Foreign Bank US Central Bank

Senior Foreign Official Name: _____ Office Name: _____ Office Country: _____

2. Citizenship and Legal Information

▶ Citizenship:

U.S. Citizen State of Residence: _____

Resident Alien Citizen of which country? _____

U.S. Citizen Living Abroad

Full-time resident of the U.S.? Yes No

▶ Met Client in Person and Picture ID? Yes No

▶ ID Type: Driver's License US/State ID Card Military ID Card Passport Green Card

▶ Issuing State _____

▶ ID Number _____

▶ Issuing Country _____

▶ Expiration Date: ___ / ___ / _____

Non-Documentary Verification For Branch Use Only

Contacted Client

Checked References w/Employer

Financial Statement

Independently Verified Identity

Property Tax Bill

Utility/Phone Bill

Reverse Phone Directory

Date of Verification: ___ / ___ / _____

Verification Number: _____

Contact Name: _____

3. Employment

▶ Employment Status:

▶ Employment details are required if Employed or Self-Employed

Employed

Self-Employed

Unemployed

Home-based

Student

Retired

▶ Occupation: _____

▶ Employer Name: _____

Employed Since (YYYY)

▶ Employer Address: _____

▶ City: _____ State: _____ Zip: _____

4. Contact Information

▶ Legal Address: _____

▶ Mailing Address: Same as Legal Address

Seasonal Address: _____

P.O. Box: _____

▶ Phone Check one box to indicate Primary Phone
 Home: _____ Business: _____ Cell: _____ Fax: _____

Business E-mail Address: _____

Personal E-mail Address: _____

5. Affiliations Refers to the Authorized Party

▶ Is this client an affiliate or related to an affiliate of AIG? Yes No
If Yes ▶ Affiliation Type: Registered Rep of BD Employee of BD Related to Affiliate Other AIG Affiliation

▶ Does this client have any affiliation with the securities industry? Yes No

▶ Is this client employed by a member firm of a stock exchange or other securities broker or dealer? Yes No
If Yes ▶ Institution Name: _____ ▶ Prior consent obtained? Yes No

▶ Is this client related to an affiliate or employee of another broker-dealer? Yes No

▶ Is this client a director, senior officer, or controlling person of a publicly traded company? Yes No
If Yes ▶ Company Name: _____

6. Financial Profiles

▶ Annual Income: \$ _____ ▶ Federal Tax Bracket: 29% - 33%
 0% - 15% 34% - 39%
▶ Net Worth: \$ _____ 16% - 28% Over 40%
▶ Liquid Assets: \$ _____

7. Investment Profile

▶ Prior Investment Experience? Yes No If Yes ▶ Indicate number of years for applicable categories:
Annuities _____ Bonds _____ Managed Accounts _____ Mutual Funds _____ Options _____ Stocks _____

8. Related Parties

Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____
▶ Tax ID Number: _____	▶ Tax ID Number: _____
▶ Name: _____	▶ Name: _____
▶ Date of Birth: ____ / ____ / ____	▶ Date of Birth: ____ / ____ / ____
▶ State of Residence: _____	▶ State of Residence: _____