



OAKWOOD CAPITAL SECURITIES, INC. NEW ACCOUNT PROFILE FORM

Company: _____ Account Number: _____ Rep Number: _____

☐ New Account **Or** ☐ Account Update

☐ New Client **Or** ☐ Existing Client

Account Type

☐ Individual Account ☐ Joint Account ☐ Tenants by the Entirety ☐ JTWROS ☐ TIC
☐ IRA: _____ ☐ Custodial ☐ 529 Plan ☐ UTMA/UGMA

Primary Applicant

First Name _____ Middle Name _____ Last Name _____

Permanent Address _____ Apt/Suite No. _____

City _____ State _____ ZIP Code _____ Country _____

Work Phone _____ Home Phone _____ Mobile Phone _____ Email Address _____

Date of Birth _____ SSN _____ Primary ID Type _____ Primary ID Document Number _____

ID Issuer Name _____ State/Country Issued By _____ Issue Date _____ Expiration Date _____

Gender _____ Citizenship: USA _____ Non-USA: _____ Dual: _____

Are you:

☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed Number of Dependents: _____

Employment Status

☐ Employed ☐ Self-Employed ☐ Not Employed ☐ Retired ☐ Student ☐ Other: _____

Occupation _____ Employer Name _____ Employer Address _____

Secondary Applicant

First Name _____ Middle Name _____ Last Name _____

Permanent Address *(may leave blank if same as above)* _____ Apt/Suite No. _____

City _____ State _____ ZIP Code _____ Country _____

Work Phone _____ Home Phone _____ Mobile Phone _____ Email Address _____

Date of Birth _____ SSN _____ Primary ID Type _____ Primary ID Document Number _____

ID Issuer Name _____ State/Country Issued By _____ Issue Date _____ Expiration Date _____

Gender: _____ Citizenship: USA Non-USA: _____ Dual _____

Are you:

☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed Number of Dependents: _____

Employment Status

☐ Employed ☐ Self-Employed ☐ Not Employed ☐ Retired ☐ Student ☐ Other: _____

Occupation

Employer Name

Employer Address

Household Financial Background

Please tell us your best estimate as to:

ANNUAL INCOME ¹ (from all sources)	NET WORTH ² (excluding your residence)	LIQUID NET WORTH ³	TAX RATE (highest marginal)
☐ Less than \$50,000	☐ Less than \$100,000	☐ Less than \$100,000	☐ 0-10%
☐ \$50,000-99,999	☐ \$100,000-249,999	☐ \$100,000-249,999	☐ 11-15%
☐ \$100,000-199,999	☐ \$250,000-499,999	☐ \$250,000-499,999	☐ 16-25%
☐ \$200,000-299,999	☐ \$500,000-999,999	☐ \$500,000-999,999	☐ 26-28%
☐ \$300,000-399,999	☐ \$1,000,000-2,999,999	☐ \$1,000,000-2,999,999	☐ 29-33%
☐ \$400,000-499,999	☐ \$3,000,000	☐ Over \$3,000,000	☐ 34% +
☐ \$500,000-749,999			
☐ \$750,000-999,999			
☐ Over \$1,000,000			

LIABILITIES	LIQUIDITY NEEDS
☐ \$50,000 and under	☐ \$999 and under
☐ \$50,000-99,999	☐ \$1,000-9,999
☐ \$100,000-199,999	☐ \$10,000-49,999
☐ \$200,000-299,999	☐ \$50,000-99,999
☐ \$300,000-399,999	☐ \$100,000-249,999
☐ \$400,000-499,999	☐ Over \$250,000
☐ \$500,000-749,999	
☐ \$750,000-999,999	Timeframe for liquidity needs:
☐ Over \$1,000,000	☐ 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. Use Joint income for joint accounts.

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 (generally within 60 days), 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 **Liabilities** are any debt that you might have.

⁵ **Liquidity needs** is a need for cash in the account

Investment Time Horizon

☐ Less than 1 year ☐ 1-3 years ☐ 4-6 years ☐ 7-8 years ☐ 9-11 years ☐ 12 years or more

The investments in this account will be (check one):

- ☐ Less than 1/3 of my financial portfolio
☐ Roughly 1/3 to 2/3 of my financial portfolio
☐ More than 2/3 of my financial portfolio

All Applicants IDs Attached?

Yes No

I plan to use this account for the following (check all that apply):

- ☐ Generate income for current or future expenses
☐ Partially fund my retirement
☐ Wholly fund my retirement
☐ Steadily accumulate wealth over the long term
☐ Preserve wealth and pass it on to my heirs
☐ Pay for education
☐ Market speculation
☐ Other: _____

Select the category that best describes the objective for this account

Please select the objective you (and any co-applicants, if applicable) have for this account, in light of the purpose(s) you identified above.

- ☐ **Preservation of Principal/Income.** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- ☐ **Balanced Growth.** I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- ☐ **Growth.** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns and understand I could lose a portion of the money invested.
- ☐ **Aggressive Growth/Aggressive Income.** I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- ☐ **Speculation.** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

Select the category that best describes the risk that you are willing to take in this account

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account, in light of the purpose(s) you identified above

- ☐ **Minimal.** I have a minimal tolerance for risk and am willing to accept the lowest possible returns which may not keep pace with inflation.
- ☐ **Low.** I have a low tolerance for risk and am willing to accept some level of volatility to seek returns with less fluctuation in value.
- ☐ **Moderate.** I have a moderate tolerance for risk and am willing to accept modest returns with potential for some fluctuation in value.
- ☐ **High.** I have a moderate to high tolerance for risk and am willing to accept the potential for greater fluctuation in value to seek higher returns.
- ☐ **Maximum.** I have a high tolerance for risk and am willing to accept the potential for significant fluctuation in value to maximize potential returns.

Source of Funds

- ☐ **Business/Self-employment**
- ☐ **Investment Income**
- ☐ **Sale of Asset**
- ☐ **Gift/Inheritance**
- ☐ **Wages/Income**
- ☐ **Rollover**
- ☐ **Savings**
- ☐ **Transfer**
- ☐ **Settlement**

Financial Investment Experience

We are collecting the information below to better understand your investment experience. Responses may change over time as you work with us.
Please check the boxes that best describe your investment experience to date.

Investment	Years of experience			Transactions per year (excluding automatic investments)		
Mutual Funds/ Exchange Traded Funds	☐ 0	☐ 1-5	☐ Over 5	☐ 0-5	☐ 6-15	☐ Over 15
Individual Stocks	☐ 0	☐ 1-5	☐ Over 5	☐ 0-5	☐ 6-15	☐ Over 15
Bonds	☐ 0	☐ 1-5	☐ Over 5	☐ 0-5	☐ 6-15	☐ Over 15
Options	☐ 0	☐ 1-5	☐ Over 5	☐ 0-5	☐ 6-15	☐ Over 15
Securities Futures	☐ 0	☐ 1-5	☐ Over 5	☐ 0-5	☐ 6-15	☐ Over 15
Annuities	☐ 0	☐ 1-5	☐ Over 5	☐ 0-5	☐ 6-15	☐ Over 15
Alternative ⁵	☐ 0	☐ 1-5	☐ Over 5	☐ 0-5	☐ 6-15	☐ Over 15
Margin	☐ 0	☐ 1-5	☐ Over 5			

⁵ May include structured products, hedge funds, etc.

Trusted Contact

The individual listed below would only be contacted in situations where the representative is unable to contact you and/or suspects fraudulent activity, financial exploitation, or diminished capacity. This person will not have authority or discretion over the affairs of your account without a legal power of attorney. Please provide at least one method of contact.

First Name	Middle Name	Last Name	
Permanent Address			Apt/Suite No.
City	State	Zip	Country
Work Phone	Home Phone	Mobile Phone	Email Address

☐ Client declined to provide

Signatures

Primary Applicant Name (please print)	
Primary Applicant Signature	Date
Co-Applicant Name (please print)	
Co-Applicant Signature	Date
Registered Rep Signature	Date
Supervisor Signature	Date