

PERSONAL DATA FORM



TODAY'S DATE: ___/___/___

CLIENT

Title (Mr., Dr., etc.) Legal First Name MI Last Name Nickname (Jr., III, etc.)
Social Security Number Birth Date Birth Place (city, state) Driver's License # State Exp Date
Marital Status: [] Single [] Married [] Divorced [] Widowed Number of Dependents Retired: [] Yes [] No

SPOUSE (If applicable)

Title (Mr., Dr., etc.) Legal First Name MI Last Name Nickname (Jr., III, etc.)
Social Security Number Birth Date Birth Place (city, state) Driver's License # State Exp Date
Retired: [] Yes [] No

HOME INFORMATION

Physical Street Address (No P.O. Box) Apt# Home Phone Home Fax
City State Zip Client Cellular Spouse Cellular
Mailing Address (if different from above) Client E-Mail Spouse E-Mail

CLIENT BUSINESS INFORMATION

Company Name
Occupation / Title Length of Service
Street Address Suite #
City State
Zip Code Nature of Business
Ofc Phone Ext. Ofc Fax

Affiliations - Are you affiliated with or employed by a stock exchange or member firm of either an exchange, the NASD or a municipal securities Broker-Dealer?
Yes No

Are you a "control person" or "affiliate" of a public company as defined in SEC RULE 144? This would include, but not necessarily limited to, 10% shareholders, policy-making executives and members of the Board of Directors.
Yes No

Are you a senior foreign political figure or a family member or close relative of such? Yes No

SPOUSE BUSINESS INFORMATION

Company Name
Occupation / Title Length of Service
Street Address Suite #
City State
Zip Code Nature of Business
Ofc Phone Ext. Ofc Fax

Affiliations - Are you affiliated with or employed by a stock exchange or member firm of either an exchange, the NASD or a municipal securities Broker-Dealer?
Yes No

Are you a "control person" or "affiliate" of a public company as defined in SEC RULE 144? This would include, but not necessarily limited to, 10% shareholders, policy-making executives and members of the Board of Directors.
Yes No

Are you a senior foreign political figure or a family member or close relative of such? Yes No

CHILDREN / GRAND-CHILDREN

| | | | | |
|-----------------|--------------------------------------|------------|------------------------|--------|
| _____ | <input type="checkbox"/> Child | _____ | ____ - ____ - _____ | _____ |
| Full Legal Name | <input type="checkbox"/> Grand-child | Birth Date | Social Security Number | Gender |
| _____ | <input type="checkbox"/> Child | _____ | ____ - ____ - _____ | _____ |
| Full Legal Name | <input type="checkbox"/> Grand-child | Birth Date | Social Security Number | Gender |
| _____ | <input type="checkbox"/> Child | _____ | ____ - ____ - _____ | _____ |
| Full Legal Name | <input type="checkbox"/> Grand-child | Birth Date | Social Security Number | Gender |
| _____ | <input type="checkbox"/> Child | _____ | ____ - ____ - _____ | _____ |
| Full Legal Name | <input type="checkbox"/> Grand-child | Birth Date | Social Security Number | Gender |

FINANCIAL INFORMATION (amounts may be estimated)

| | | |
|----------------------------------|---|---------------------|
| _____ | _____ | |
| Annual Income (from all sources) | Source of Income (if retired or unemployed) | |
| _____ | _____ | _____ |
| Current Assets | Current Liabilities | Federal Tax Bracket |

Professionals:

- Attorney CPA Other Attorney CPA Other

Firm Name

Firm Name

Individual Contact

Individual Contact

Title

Title

Legal Address (No P.O. Box)

Apt#

Legal Address (No P.O. Box)

Apt#

City

State Zip

City

State Zip

(____) _____ - _____

Phone

Ext

(____) _____ - _____

Phone

Ext.

I certify that the information provided is true and correct to the best of my knowledge. I understand that the information provided is confidential and will only be shared and/or used in conformity with Trinity Portfolio Advisors, LLC, privacy policy.

Print Name

Signature