Reset Form

PRIVATE CLIENT SERVICES™
MEMBER FINRA, SIPC
A Registered Investment Advisor

INDEPENDENT RIA ACTIVITY DISCLOSURE
(RIA New Account Notification)

Advisor Name(s):	**Your RIA Company Name:**	**Name of custodian** (Pershing, TD, Schwab, Fidelity, etc.):

Disclosure Type: ☐ New RIA Customer ☐ Customer Information Update ☐ Close Account

Account Information **"Client Last Name, First Name – Account Type"** (*Ind, Joint, IRA, Roth, Trust, etc.*) (Same Household Only)	Account #	Model/Style (if applicable)	Risk Tolerance	Investment Objective	Time Horizon Long (>10) Med (5-10) Short (<5)	Liquidity Need Low (>10) Med (5-10) High (<5)	Source of Funds

Customer Date of Birth / Trust Date: (If applicable)	Primary Owner DOB:____________ Joint Owner DOB:____________ Date of Trust:____________
Account Fee Type:	Flat Fee $__________ AUM %________ (Tiered/Blended ☐)
Discretion / Trade Authorization:	☐ Full Discretion (Money Movement included) ☐ Trade Authorization Only ☐ Non-Discretionary
Client Financial Information:	Annual Income: $__________ Net Worth: $__________ Liquid NW: $__________
Investment Experience:	☐ Stocks ____ # years ☐ Bonds ____ # years ☐ Mutual Funds ____ # years ☐ Options ____ # years ☐ Variable Annuities ____ # years ☐ CD's ____ # years ☐ Other:__________ ____ # years

Updated 10/12/2021