

CLIENT PROFILE
DUE DILIGENCE FORM
INDIVIDUAL/JOINT ACCOUNT

ATTENTION: This form is for internal use only and should not be viewed or completed by the client. This form may not be shared with referral agents or with anyone outside the firm. For accounts with multiple parties, additional EDD forms for each account holder must be completed to collect the necessary client level information on each account holder. The Initial and Anticipated Activity section of the EDD form(s) needs to be completed only for the primary account holder.

REP NAME	REP NUMBER
Account Name	Account Number

Identify the type of client this EDD Form is for:

Domestic Individual(s) Sole Proprietorship
 Non-Resident Alien (NRA) Other Please Describe: _____
 Resident Alien (RA)

Section I: OWNER PROFILE

1. Name: **First** **Middle** **Last**

2. Address

3. Country	4. Date of Birth (mm/dd/yyyy) / /	5. Public Figure <input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Type of Identification (check one): NOTE: A copy of a passport or other government issued photo identification must be obtained for all non-resident alien (NRA) owners
 SSN Passport Other (please specify)

ID Number	Country of Issuance	Date of Issuance (mm/dd/yyyy) / /	Expiration Date (mm/dd/yyyy) / /
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7. Are there additional individuals in control of the account in addition to the person(s) identified above? (If "Yes", please respond to 7a.) Yes No

a. Is the financial information for the additional individual aggregated with the Primary Account holder? (If "No", please fill out additional Client Profiles with each owner's information.) Yes No

8. If the client indicated a Marital Status of "Married" or "Domestic Partner", please provide the following:

Name of Spouse/Domestic Partner:	Employer Name:	Employer Address:
Date of Birth:	Employed Since:	Title:

Section II: CLIENT INTRODUCTION

1. How were you introduced to the Individual Client (or Authorized Person)? (check one)
 Walk-in/Call-in Solicitation

Specify

Seminar/Conference Money Manager/ Investment Advisor (specify name and company, if applicable)
 Client initiated contact

Name	Company
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Inherited from another FA

First	Middle	Last
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Family Relationship (not valid for institutional business):

Specify

External Referral

- A. Name of Referring Party (please provide an individual or entity name): _____
 B. Phone Number _____
 C. Client's relationship to the referring party (provide details) _____
 D. How long have you known the Referring Party? _____

Internal Referral

- A. Specify StateTrust Business _____
 B. Existing Account Number(s) or Relationship Information (if applicable) _____
 C. Contact Name: _____

First _____ Middle _____ Last _____
 D. Phone Number _____

Other (specify): _____

2. REPUTATIONAL INFORMATION

a. When did you first know the Client or Authorized Person?

Client? _____ Month: _____ Year: _____ Authorized Person? _____ Month: _____ Year: _____

b. Have you met personally at any time with the Client or Authorized? Yes No

If "Yes," provide details of meeting including date and location: _____

c. Based on your knowledge, has the Client or Authorized Person ever been accused of corrupt business practices? Yes No

If "Yes," specify: _____

d. Based on your knowledge, is there any negative media surrounding the Client or Authorized Person, his or her associates, family members or business? Yes No

If "Yes," specify: _____

e. Based on your knowledge, has the Client or Authorized Person ever been convicted of a serious crime? Yes No

If "Yes," specify: _____

f. Based on your knowledge, has the Client or Authorized Person ever been subject of a claim in a high profile civil case? Yes No

If "Yes," specify: _____

g. Based on your knowledge, has the Client or Authorized Person ever been censured for unethical activity? Yes No

If "Yes," specify: _____

3. ACCOUNT INFORMATION/PURPOSE

Indicate the primary purpose(s) of the account (select all that apply):

- Investment Foreign Exchange Cash Management/Corporate Treasury Loan/Pledge/Collateral
 DVP/RVP Custody Services Business Operating Account Personal Checking Account
 Other (please identify) _____

4. CLIENT INVESTOR PROFILE

Indicate the primary purpose(s) of the account ():

- Conservative Moderate Aggressive Speculative

Section III: INITIAL AND ANTICIPATED ACTIVITY

INITIAL DEPOSIT (SOURCE OF INITIAL FUNDS)

1. Please provide information as to the initial anticipated deposit:

Approximate Value of Securities \$ _____	Approximate value of checks/cash equivalents \$ _____
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2. How will the above securities/cash be received? (please check all that apply)

Internal Transfer: _____

Account Number: _____

Automated account transfer (ACAT): _____ Personal Check Third Party Check

Financial Institution Name(s) _____ Provide Name: _____

Wire/ACH/AFT: _____

a. Identify the institution(s) that will be transmitting all or any of the initial deposit: _____

b. Source of deposit: _____

Third Party _____ Name of Third Party: _____

Country of Transmitting Institution: _____

Reason and Relationship for Third Party: _____

ANTICIPATED ACCOUNT ACTIVITY

1. **Approximate percentage of initial deposit to be invested:** _____ %

If less than 25%, please explain _____

2. FUNDS TRANSFERS (check all that apply):

a. **ANTICIPATED INCOMING FUNDS ACTIVITY** (check all that apply):

Domestic Foreign Monthly Yearly Frequency: _____

Please identify anticipated jurisdiction(s) of incoming funds: _____

Wires Same Name Third Party

Checks Same Name Third Party

Journals Same Name Third Party

Describe the reason/purpose for any anticipated third party funds movement _____

List names of expected third parties and relationship to account holder:

_____	_____	_____
_____	_____	_____

b. **ANTICIPATED OUTGOING FUNDS ACTIVITY** (check all that apply):

Domestic Foreign Yearly Frequency: _____

Please identify anticipated jurisdiction(s) of incoming funds: _____

Wires Same Name Third Party

Checks Same Name Third Party

Journals Same Name Third Party

Describe the reason/purpose for any anticipated third party funds movement _____

List names of expected third parties and relationship to account holder:

_____	_____	_____
_____	_____	_____

Section IV: SOURCE OF WEALTH (must be completed for each Account Owner. If not applicable, state "N/A")

1. Please state the client's current net worth _____
\$

2. Please identify the client's primary source of wealth (check all that apply, then fill out corresponding sections below):

Compensation/Employment Business Ownership Real Estate

Investment Returns (not including real estate) Inheritance/Trust Fund

Section IV(a): PRIOR EMPLOYMENT COMPENSATION

MOST RECENT EMPLOYMENT COMPENSATION

Derived from current employment Retired (provide information about last employer)

a. Company: _____
Address: _____

b. Client's Occupation (be specific) _____

c. Nature of employer's Business (be specific) _____

d. Annual Salary (Gross) \$ _____	e. Employed From (year only) _____	f. Employed To (year only) _____
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Section IV (b): REAL ESTATE

CURRENT REAL ESTATE HOLDING		
a. Select all that apply: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	Approximate Equity Value \$ _____	Present Market Value \$ _____
Name/Title, if applicable _____		
Address _____		
Approximate monthly income generated from real estate holdings. \$ _____		

Section IV (c): INVESTMENT RETURNS (NOT INCLUDING REAL ESTATE)

1. Type (e.g. private investment securities)	Current investment value \$ _____	Source of original funds*
2. Type (e.g. private investment securities)	Current investment value \$ _____	Source of original funds*

Source of original funds is only required if no other source(s) of wealth have been indicated in Section IV, Question 2, Page 4.

Section IV (d): INHERITANCE/TRUST FUND

Please identify wealth creator

a. Name	First:	Middle:	Last:
b. Approximate date of inheritance:	c. Relationship to client:		
d. Amount \$ _____	e. Primary source of wealth for wealth creator (please explain) _____		
f. What is the approximate value of gift today? (if different from the amount above) \$ _____			

Section V: ADDITIONAL INFORMATION

Please provide additional information that we might need to know about the client.

Section VI: SIGNATURES/APPROVALS

FATCA VERIFICATION YES NO

Broker	_____	Signature	_____	Date	_____
Delegated Principal	_____	Signature	_____	Date	_____
Regional Executive	_____	Signature	_____	Date	_____