THE NEXT CHAPTER QUICK STARTER GUIDE

IMPORTANT NOTE: Please complete the questionnaire below and upload, along with any documents, via the secure upload link that we provided. Reach out to your Corient team if you have not been provided a secure link. For your security, do not send the completed form or any documents via email.

Most recent financial statements including:

- ☐ Brokerage (Individual, Joint, accounts held in Trust)
- ☐ Retirement (IRA, Roth IRA, SEP IRA, 401k, 403b, pension, profit sharing etc.)
- ☐ Bank Statements
- ☐ Mortgage/Liability Statements
- ☐ Marital Settlement Agreement (MSA) or Divorce Decree
- ☐ Financial Affidavit
- ☐ Recent Tax Return
- ☐ Trust Document (if accounts titled to Trust)

CLIENT

First Name: ____________________ Preferred Name: ____________________

Middle Name: ____________________ Last Name: ____________________

Date of Birth: ____________________ Social Security No: ____________________

U.S. Citizen:

☐ Yes

☐ No

If no, what country: ____________________

Home Address: ____________________

City: ____________________ State: ____________________ Zip: ____________________

Cell Phone: ____________________ Home Phone: ____________________

Occupation: ____________________ Employer: ____________________

Employer Address: ____________________

City: ____________________ State: ____________________ Zip: ____________________

Work Phone: ____________________

Personal Email: ____________________ Work Email: ____________________

CORIENT

Which contact method do you prefer we use? ______________________________

Are you a director, 10% shareholder, policy making officer for any publicly traded company?

☐ Yes

☐ No

If yes, what company: ______________________________

Primary Beneficiary: ______________________________

Contingent Beneficiary: ______________________________

Dependent: ______________________________

Date of Birth: ____________________ Social Security No: ____________________

Dependent: ______________________________

Date of Birth: ____________________ Social Security No: ____________________