ROLLINGWAVE CAPITAL

Account Opening Form

Please complete all sections. Your information is collected solely for account opening purposes.

ACCOUNT TYPE

INDIVIDUAL

- ☐ Individual Brokerage

JOINT

- ☐ JTWROS (Joint Tenants w/ Rights of Survivorship)
- ☐ Tenants in Common (TIC)
- ☐ Community Property
- ☐ Tenants by the Entirety

RETIREMENT (IRA)

- ☐ Traditional IRA
- ☐ Roth IRA
- ☐ Rollover IRA
- ☐ SEP IRA
- ☐ SIMPLE IRA
- ☐ Inherited IRA

BUSINESS / ENTITY

- ☐ LLC
- ☐ Corporation
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Trust
- ☐ Other Entity

CLIENT NAME

DATE

ADVISOR

Section 1 | Personal Information

Primary Account Holder

FIRST NAME

LAST NAME

MIDDLE NAME(S)

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP / POSTAL CODE

PHONE NUMBER

EMAIL ADDRESS

MARITAL STATUS

NUMBER OF DEPENDENTS

U.S. PERSON STATUS

- ☐ U.S. Citizen
- ☐ U.S. Resident (Green Card, visa, or other U.S. residency)
- ☐ Non-U.S. Person
- ☐ Born outside the United States

Joint Account Holder (complete only if opening a joint account)

FIRST NAME

LAST NAME

MIDDLE NAME(S)

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

STREET ADDRESS (IF DIFFERENT FROM PRIMARY)

CITY

STATE

ZIP / POSTAL CODE

PHONE NUMBER

EMAIL ADDRESS

U.S. PERSON STATUS

- ☐ U.S. Citizen
- ☐ U.S. Resident (Green Card, visa, or other U.S. residency)
- ☐ Non-U.S. Person
- ☐ Born outside the United States

FOR ADVISOR USE ONLY

Notes / Reference

Section 2 | Employment & Financial Information

Employment

EMPLOYMENT STATUS

☐ Employed ☐ Self-Employed ☐ Retired ☐ Student ☐ Not Employed

EMPLOYER / BUSINESS NAME

NATURE OF BUSINESS / OCCUPATION

EMPLOYER STREET ADDRESS

CITY

STATE

ZIP / POSTAL CODE

Financial Information

ANNUAL NET INCOME (USD)

NET WORTH (USD)

LIQUID NET WORTH (USD)

Source of Wealth

SELECT ALL THAT APPLY

☐ Income from Employment
☐ Self-Employment / Business
☐ Investment / Dividend Income
☐ Pension / Government Retirement
☐ Inheritance / Gift
☐ Property Sale
☐ Allowance / Spousal Income
☐ Other

Acknowledgement & Signature

By signing below, I confirm the information provided is accurate and complete to the best of my knowledge.

CLIENT SIGNATURE

DATE

JOINT HOLDER SIGNATURE (if applicable)

DATE