

COUPLE / FAMILY

PERSONAL INFORMATION QUESTIONNAIRE

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.

PERSONAL INFORMATION

Client Name: _____

Date of Birth: _____ SSN #: _____

Citizenship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Which contact method do you prefer?

☐ Phone

☐ Email

☐ Text

Co-Client Name: _____

Date of Birth: _____ SSN #: _____

Citizenship: _____

Cell Phone: _____

Email: _____

FAMILY

Name: _____ Relation: _____

Gender: _____ Date of Birth: _____ Marital Status: _____ No. of Children: _____

Name: _____ Relation: _____

Gender: _____ Date of Birth: _____ Marital Status: _____ No. of Children: _____

Name: _____ Relation: _____

Gender: _____ Date of Birth: _____ Marital Status: _____ No. of Children: _____

Name: _____ Relation: _____
Gender: _____ Date of Birth: _____ Marital Status: _____ No. of Children: _____

PROFESSIONAL INFORMATION

Occupation: _____

Business Telephone Number: _____

Business Email: _____

Employer or Business Name: _____

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

☐ Yes

☐ No

If yes, what company _____

CO-CLIENT PROFESSIONAL INFORMATION

Occupation: _____

Business Telephone Number: _____

Business Email: _____

Employer or Business Name: _____

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

☐ Yes

☐ No

If yes, what company _____

PROFESSIONAL ADVISORS

Attorney

Company or firm: _____

Phone: _____

Email: _____

Business Attorney (if relevant)

Company or firm: _____

Phone: _____

Email: _____

Accountant

Company or firm: _____

Phone: _____

Email: _____

Professional Accountant

Company or firm: _____

Phone: _____

Email: _____

Life Insurance Agent

Company or firm: _____

Phone: _____

Email: _____

Business Property & Casualty Insurance Agent (if relevant)

Company or firm: _____

Phone: _____

Email: _____

Property & Casualty Insurance Agent

Company or firm: _____

Phone: _____

Email: _____

Please bring the following documents to your initial meeting

- ☐ Most recent tax return(s)
- ☐ Most recent brokerage/ mutual fund statement(s)
- ☐ Most recent retirement plan statement(s)—401k, 403b, etc.
- ☐ Most recent IRA statement(s)
- ☐ Most recent annuity statement(s)
- ☐ Most recent employer benefit statements (stock comp, deferred comp, etc.)
- ☐ Most recent payroll stub
- ☐ Social Security statement
- ☐ Most recent estate planning documents (wills, trusts, power of attorney)
- ☐ Disability and Life Insurance Coverage
- ☐ Most Recent Pension Statement

This information is for educational purposes and is not intended to provide, and should not be relied upon for, accounting, legal, tax, insurance, or investment advice. This does not constitute an offer to provide any services, nor a solicitation to purchase securities. The contents are not intended to be advice tailored to any particular person or situation. We believe the information provided is accurate and reliable, but do not warrant it as to completeness or accuracy. This information may include opinions or forecasts, including investment strategies and economic and market conditions; however, there is no guarantee that such opinions or forecasts will prove to be correct, and they also may change without notice. We encourage you to speak with a qualified professional regarding your scenario and the then current applicable laws and rules.

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