



NEW ACCOUNT APPLICATION

ACCOUNT TYPE (SELECT ONE):

INDIVIDUAL		JOINT TENANTS		CUSTODIAN/MINOR		COMPANY	
TRUST		IRA		QUALIFIED PLAN		OTHER	

PRIMARY ACCOUNT OWNER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ - _____ - _____

DATE OF BIRTH: _____

OCCUPATION: _____

EMPLOYER: _____

YEARS AT EMPLOYER: _____

ANNUAL INCOME: \$ _____

ESTIMATED NET WORTH: \$ _____

PRIMARY PHONE: _____

EMAIL: _____

MARITAL STATUS: _____

NUMBER OF DEPENDENTS: _____

JOINT ACCOUNT OWNER (IF APPLICABLE):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ - _____ - _____

DATE OF BIRTH: _____

OCCUPATION: _____

EMPLOYER: _____

YEARS AT EMPLOYER: _____

ANNUAL INCOME: \$ _____

PRIMARY PHONE: _____

EMAIL: _____

INVESTMENT OBJECTIVE

(SELECT ONE or LEAVE BLANK IF UNSURE):

AGGRESSIVE GROWTH	
MODERATE GROWTH	
MODERATE GROWTH AND INCOME	
CONSERVATIVE GROWTH	
CONSERVATIVE GROWTH & INCOME	
CONSERVATIVE INCOME	
CAPITAL PRESERVATION	

SOURCE OF FUNDS (SELECT ONE):

SAVINGS	
INHERITANCE	
SALE OF ASSETS	
OTHER	

TIME HORIZON (SELECT ONE):

LONG TERM (OVER 10 YEARS)	
INTERMEDIATE TERM (3-10 YEARS)	
LOW RISK (1-3 YEARS)	

RISK TOLERANCE (SELECT ONE):

HIGH RISK	
MODERATE RISK	
LOW RISK	

BENEFICIARY INFORMATION (FOR IRA ACCOUNTS):**PRIMARY BENEFICIARY:**

1. NAME: _____
% OF BENEFITS: _____
RELATIONSHIP: _____
SOCIAL SECURITY #: _____ - _____ - _____
DATE OF BIRTH: _____
2. NAME: _____
% OF BENEFITS: _____
RELATIONSHIP: _____
SOCIAL SECURITY #: _____ - _____ - _____
DATE OF BIRTH: _____
3. NAME: _____
% OF BENEFITS: _____
RELATIONSHIP: _____
SOCIAL SECURITY #: _____ - _____ - _____
DATE OF BIRTH: _____

CONTINGENT BENEFICIARY:

1. NAME: _____
% OF BENEFITS: _____
RELATIONSHIP: _____
SOCIAL SECURITY #: _____ - _____ - _____
DATE OF BIRTH: _____
2. NAME: _____
% OF BENEFITS: _____
RELATIONSHIP: _____
SOCIAL SECURITY #: _____ - _____ - _____
DATE OF BIRTH: _____
3. NAME: _____
% OF BENEFITS: _____
RELATIONSHIP: _____
SOCIAL SECURITY #: _____ - _____ - _____
DATE OF BIRTH: _____

DUE DILLIGENCE INFORMATION:

Are account owner(s) or a member of their immediate family a director, policy-making officer or 10% stockholder in any publicly traded company?

YES _____ NO _____

Are account owner(s) or a member of their immediate family associated with FINRA, the SEC or the State Securities Commission?

YES _____ NO _____

IMPORTANT: Federal regulations require that we verify your identity. Please fax or email a copy of your Driver's License, Passport or State Issued ID Card to us at:

EMAIL: jtaber@tridentadvisors.com
FAX: 215-489-5396
SMS/TEXT: 215-489-5383

TRUSTED CONTACT INFORMATION:

The Trusted Contact provides an additional layer of account security for our clients. We would only contact your Trusted Contact if we're unable to reach you and have concerns pertaining to your account. The Trusted Contact must be 18 years old.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP: _____

PHONE: _____

EMAIL ADDRESS: _____

OR

_____ I decline to provide trusted contact information.