Client Profile Form

Please complete all areas on this form and save it to your secure Box folder along with an image of your photo ID. Thank you.

General Information

PRIMARY CLIENT	
Full Name: First, M., Last	Date of Birth
Social Security Number	Partnership Status
	☐ Married ☐ Life Partner ☐ Single ☐ Divorced ☐ Widowed
Total # of Dependents	Drivers License/Passport # (please provide a copy of ID)
Drivers License/Passport Issue Date & Expiration Date	Country of Citizenship
Legal Address: Street	Legal Address: City, State, Zip
Mailing Address (if different than Legal)	Primary Phone Number
Primary Email Address	Occupation
Employer Name	Employer Address
Annual Household Income	Federal Tax Bracket %
Net Worth (excluding primary residence)	Total Liquid Assets (net liquid & all current assets)
Dependent Name	Dependent Date of Birth

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SECONDARY CLIENT	
Full Name: First, M., Last	Date of Birth
Social Security Number	Partnership Status
	☐ Married ☐ Life Partner ☐ Single ☐ Divorced ☐ Widowed
Total # of Dependents	Drivers License/Passport # (please provide a copy of ID)
Drivers License/Passport Issue Date & Expiration Date	Country of Citizenship
Legal Address: Street	Legal Address: City, State, Zip
Mailing Address (if different than Legal)	Primary Phone Number
Primary Email Address	Occupation
Employer Name	Employer Address
Annual Household Income	Federal Tax Bracket %
Net Worth (excluding primary residence)	Total Liquid Assets (net liquid & all current assets)
Dependent Name	Dependent Date of Birth

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MA PRIVATE WEALTH

Additional Information

CATEGORY	NAME	PHONE NUMBER/EMAIL
CPA or Tax Professional		
Estate Attorney		
Power of Attorney		
Mortgage Broker		
Real Estate Agent		

Do you have a Trust Established?	☐ Yes ☐ No
If yes, name of Trust:	
Date of Trust:	

Communication Preferences

How do you prefer to meet?			
☐ In person	☐ Phone	☐ Virtual – Zoom/Teams	☐ No preference
How do you prefer to be contacted by our office?			
☐ Phone call	☐ Email	☐ Text message	☐ No preference

MA Private Wealth sends out periodic Newsletters which include information regarding the market, investment allocations and updates from our team – all of these communications are written by our team. Please confirm below that you consent to receiving these communications.

☐ Yes, I consent

☐ No, I do not wish to receive information

Checklist of Items to Upload to Box:

√ Image of Photo ID – Driver's License or Passport

√ Most recent statements for investment review (dated within the past 60 days)

√ Retirement Plan investment options (ex: 401k, 403b)

√ This Client Profile Form – please save a completed copy