

Confidential Client Household Questionnaire



IMPORTANT

- The information below is required in order to establish account(s). Please refer to page 5 for guidelines on completing.
- Return this questionnaire with the Customer Account Transfer form(s) (ACAT forms), along with a copy of your most recent statement(s).
- Upon receipt, your identity will be verified (in accordance with the USA Patriot Act), accounts established, and documentation will be mailed to you for signature.

HOUSEHOLD MAILING ADDRESS	HOUSEHOLD LEGAL ADDRESS <i>(If different from Mailing Address, cannot be a P.O. Box)</i>
Street	Street
City / State / Zip	City / State / Zip

Household Annual Income: _____ Liquid Assets: _____ Total Net Worth (excluding residence) : _____	Tax Bracket
A. \$0 - \$49,999 C. \$100,000 - \$199,999 E. \$500,000 - \$999,999 H. \$5,000,000 - \$9,999,999 B. \$50,000 - \$99,999 D. \$200,000 - \$499,999 G. \$1,000,000 - \$4,999,999 I. \$10,000,000 or more	<input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35% <input type="checkbox"/> Other

Source of Funds

<input type="checkbox"/> Savings	<input type="checkbox"/> Legal / Ins Settlement	<input type="checkbox"/> Donations (Trusts Only)	<input type="checkbox"/> Sale of Real Estate	<input type="checkbox"/> Sale of Business
<input type="checkbox"/> Sale of Asset	<input type="checkbox"/> Asset Appreciation	<input type="checkbox"/> Business Revenue	<input type="checkbox"/> Persons Associated	<input type="checkbox"/> Other _____

ACCOUNT OWNER (A)	ACCOUNT OWNER (B)
First, Middle, Last Name	First, Middle, Last Name
Home Phone Business Phone Other Phone	Home Phone Business Phone Other Phone
Fax Number Email Address	Fax Number Email Address
Date of Birth Social Security Number/TIN #	Date of Birth Social Security Number/TIN #
Tax Status (US Citizen, US Non-Individual, Resident Alien, or Non-Resident Alien)	Tax Status (US Citizen, US Non-Individual, Resident Alien, or Non-Resident Alien)
Occupation, Employer and Years Employed (If retired, provide former occupation)	Occupation, Employer and Years Employed (If retired, provide former occupation)
Employer Address	Employer Address
Employer Phone	Employer Phone

<p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> <p>Investment Experience (Number of Years) Stocks _____ Bonds _____ Options _____ Annuities/Life Insurance _____ UITs _____ Mutual Funds _____</p> <p>Rule 144: Are you or a member of your immediate family a director, policy-making officer or 10% stockholder in any publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Ticker Symbol, Cusip or Company</p> <p>Name: _____</p> <p>Are you or a member of your immediate family associated with another FINRA member firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a politically exposed person or a relative of a politically exposed person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If this FA relationship is new, please provide a copy of a Government ID and complete the information below:</p> <table style="width: 100%;"> <tr> <td>Government ID Type</td> <td>Gov't ID #</td> <td>Expiration Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Place of Issue Date of Issue</p>	Government ID Type	Gov't ID #	Expiration Date				<p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p> <p>Investment Experience (Number of Years) Stocks _____ Bonds _____ Options _____ Annuities/Life Insurance _____ UITs _____ Mutual Funds _____</p> <p>Rule 144: Are you or a member of your immediate family a director, policy-making officer or 10% stockholder in any publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Ticker Symbol, Cusip or Company</p> <p>Name: _____</p> <p>Are you or a member of your immediate family associated with another FINRA member firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a politically exposed person or a relative of a politically exposed person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If this FA relationship is new, please provide a copy of a Government ID and complete the information below:</p> <table style="width: 100%;"> <tr> <td>Government ID Type</td> <td>Gov't ID #</td> <td>Expiration Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Place of Issue Date of Issue</p>	Government ID Type	Gov't ID #	Expiration Date			
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ACCOUNT CHARACTERISTICS (photocopy page if additional accounts need to be opened)

Account #1	Debit Card Information (If applicable)	
Account Type (i.e. Joint, Trust, Corporate, Estate, IRA, 529, etc.)	1 st Debit Card Name	# of Cards
Primary Owner / % (If Tenants in Common)	2 nd Debit Card Name	# of Cards
Co-Owner / % (If Tenants in Common)	Check Information: (If applicable)	
Associated Person(s)	Name (If different from Account Registration)	
Risk Tolerance / Investment Objective (select ONE) <i>*Note: For an explanation of each, see page 5.</i> <input type="checkbox"/> Conservative Income <input type="checkbox"/> Moderate Growth <input type="checkbox"/> Conservative Growth <input type="checkbox"/> Long-Term Income <input type="checkbox"/> Conservative Growth & Income <input type="checkbox"/> Long-Term Growth <input type="checkbox"/> Moderate Income <input type="checkbox"/> Long-Term Growth & Income <input type="checkbox"/> Moderate Growth & Income <input type="checkbox"/> Trading & Speculation	Street Address (If different from Account Registration)	
	City / State / Zip	
	Phone # On Checks	
	Features (Check box and circle option where appropriate – i.e. interest or dividends) <i>*Note: If needed, account owners should contact the FA for an explanation of each.</i> <input type="checkbox"/> Direct deposit (government checks only) <input type="checkbox"/> Reinvest stock dividend <input type="checkbox"/> Periodic deposits/withdrawals to/from bank <input type="checkbox"/> Check writing / Debit card <input type="checkbox"/> Fee Based <input type="checkbox"/> Decline Margin <input type="checkbox"/> On-line account access <input type="checkbox"/> IRA distributions / contributions	
Mail Checks To: <input type="checkbox"/> Address on checks <input type="checkbox"/> Interested Party Address Name <input type="checkbox"/> Address on Account Registration Check Package: <input type="checkbox"/> 40 Box Initial Package <input type="checkbox"/> 150 Box Duplicate Package <input type="checkbox"/> 150 Wallet <input type="checkbox"/> 252 Business Package (3 per page) <input type="checkbox"/> 252 Homedesk (3 per page) <input type="checkbox"/> Deposit Ticket		

Account #2	Debit Card Information (If applicable)	
Account Type (i.e. Joint, Trust, Corporate, Estate, IRA, 529, etc.)	1 st Debit Card Name	# of Cards
Primary Owner / % (If Tenants in Common)	2 nd Debit Card Name	# of Cards
Co-Owner / % (If Tenants in Common)	Check Information: (If applicable)	
Associated Person(s)	Name (If different from Account Registration)	
Risk Tolerance / Investment Objective (select ONE) <i>*Note: For an explanation of each, see page 5.</i> <input type="checkbox"/> Conservative Income <input type="checkbox"/> Moderate Growth <input type="checkbox"/> Conservative Growth <input type="checkbox"/> Long-Term Income <input type="checkbox"/> Conservative Growth & Income <input type="checkbox"/> Long-Term Growth <input type="checkbox"/> Moderate Income <input type="checkbox"/> Long-Term Growth & Income <input type="checkbox"/> Moderate Growth & Income <input type="checkbox"/> Trading & Speculation	Street Address (If different from Account Registration)	
	City / State / Zip	
	Phone # On Checks	
	Features (Check box and circle option where appropriate – i.e. interest or dividends) <i>*Note: If needed, account owners should contact the FA for an explanation of each.</i> <input type="checkbox"/> Direct deposit (government checks only) <input type="checkbox"/> Reinvest stock dividend <input type="checkbox"/> Periodic deposits/withdrawals to/from bank <input type="checkbox"/> Check writing / Debit card <input type="checkbox"/> Fee Based <input type="checkbox"/> Decline Margin <input type="checkbox"/> On-line account access <input type="checkbox"/> IRA distributions / contributions	
Mail Checks To: <input type="checkbox"/> Address on checks <input type="checkbox"/> Interested Party Address Name <input type="checkbox"/> Address on Account Registration Check Package: <input type="checkbox"/> 40 Box Initial Package <input type="checkbox"/> 150 Box Duplicate Package <input type="checkbox"/> 150 Wallet <input type="checkbox"/> 252 Business Package (3 per page) <input type="checkbox"/> 252 Homedesk (3 per page) <input type="checkbox"/> Deposit Ticket		

ACCOUNT CHARACTERISTICS (photocopy page if additional accounts need to be opened)

Account #3	Debit Card Information (If applicable)	
Account Type (i.e. Joint, Trust, Corporate, Estate, IRA, 529, etc.)	1 st Debit Card Name	# of Cards
Primary Owner / % (If Tenants in Common)	2 nd Debit Card Name	# of Cards
Co-Owner / % (If Tenants in Common)	Check Information: (If applicable)	
Associated Person(s)	Name (If different from Account Registration)	
Risk Tolerance / Investment Objective (select ONE) *Note: For an explanation of each, see page 5. <input type="checkbox"/> Conservative Income <input type="checkbox"/> Moderate Growth <input type="checkbox"/> Conservative Growth <input type="checkbox"/> Long-Term Income <input type="checkbox"/> Conservative Growth & Income <input type="checkbox"/> Long-Term Growth <input type="checkbox"/> Moderate Income <input type="checkbox"/> Long-Term Growth & Income <input type="checkbox"/> Moderate Growth & Income <input type="checkbox"/> Trading & Speculation	Street Address (If different from Account Registration)	
	City / State / Zip	
	Phone # On Checks	
	Features (Check box and circle option where appropriate – i.e. interest or dividends) *Note: If needed, account owners should contact the FA for an explanation of each. <input type="checkbox"/> Direct deposit (government checks only) <input type="checkbox"/> Reinvest stock dividend <input type="checkbox"/> Periodic deposits/withdrawals to/from bank <input type="checkbox"/> Check writing / Debit card <input type="checkbox"/> Fee Based <input type="checkbox"/> Decline Margin <input type="checkbox"/> On-line account access <input type="checkbox"/> IRA distributions / contributions	
Mail Checks To:		<input type="checkbox"/> Address on checks <input type="checkbox"/> Interested Party Address Name <input type="checkbox"/> Address on Account Registration
Check Package:		<input type="checkbox"/> 40 Box Initial Package <input type="checkbox"/> 150 Box Duplicate Package <input type="checkbox"/> 150 Wallet <input type="checkbox"/> 252 Business Package (3 per page) <input type="checkbox"/> 252 Homedesk (3 per page) <input type="checkbox"/> Deposit Ticket

Account #4	Debit Card Information (If applicable)	
Account Type (i.e. Joint, Trust, Corporate, Estate, IRA, 529, etc.)	1 st Debit Card Name	# of Cards
Primary Owner / % (If Tenants in Common)	2 nd Debit Card Name	# of Cards
Co-Owner / % (If Tenants in Common)	Check Information: (If applicable)	
Associated Person(s)	Name (If different from Account Registration)	
Risk Tolerance / Investment Objective (select ONE) *Note: For an explanation of each, see page 5. <input type="checkbox"/> Conservative Income <input type="checkbox"/> Moderate Growth <input type="checkbox"/> Conservative Growth <input type="checkbox"/> Long-Term Income <input type="checkbox"/> Conservative Growth & Income <input type="checkbox"/> Long-Term Growth <input type="checkbox"/> Moderate Income <input type="checkbox"/> Long-Term Growth & Income <input type="checkbox"/> Moderate Growth & Income <input type="checkbox"/> Trading & Speculation	Street Address (If different from Account Registration)	
	City / State / Zip	
	Phone # On Checks	
	Features (Check box and circle option where appropriate – i.e. interest or dividends) *Note: If needed, account owners should contact the FA for an explanation of each. <input type="checkbox"/> Direct deposit (government checks only) <input type="checkbox"/> Reinvest stock dividend <input type="checkbox"/> Periodic deposits/withdrawals to/from bank <input type="checkbox"/> Check writing / Debit card <input type="checkbox"/> Fee Based <input type="checkbox"/> Decline Margin <input type="checkbox"/> On-line account access <input type="checkbox"/> IRA distributions / contributions	
Mail Checks To:		<input type="checkbox"/> Address on checks <input type="checkbox"/> Interested Party Address Name <input type="checkbox"/> Address on Account Registration
Check Package:		<input type="checkbox"/> 40 Box Initial Package <input type="checkbox"/> 150 Box Duplicate Package <input type="checkbox"/> 150 Wallet <input type="checkbox"/> 252 Business Package (3 per page) <input type="checkbox"/> 252 Homedesk (3 per page) <input type="checkbox"/> Deposit Ticket

MINOR (If applicable – photocopy page if additional minors exist)

Name of Minor #1	Social Security Number	Date of Birth
Name of Minor #2	Social Security Number	Date of Birth

RETIREMENT ACCOUNT BENEFICIARY INFORMATION (If applicable – photocopy page if additional beneficiaries exist)**Beneficiary #1** Account #1 Account #2 Account #3 Account #4 (Please check one)

Name	SSN or Tax ID	Date of Birth	Telephone #	% of Distribution
Street Address (Cannot be a P.O. Box)	City	State	Zip	
Relationship (Spouse, Spouse > 10 years younger than account holder, Other)				
<input type="checkbox"/> Primary OR <input type="checkbox"/> Contingent (Please check one)				

Beneficiary #2 Account #1 Account #2 Account #3 Account #4 (Please check one)

Name	SSN or Tax ID	Date of Birth	Telephone #	% of Distribution
Street Address (Cannot be a P.O. Box)	City	State	Zip	
Relationship (Spouse, Spouse > 10 years younger than account holder, Other)				
<input type="checkbox"/> Primary OR <input type="checkbox"/> Contingent (Please check one)				

ASSOCIATED PERSON INFORMATION (If applicable – photocopy page if additional associated persons exist)**Person #1** Individual **OR** Non-Individual (Please check one)

Name or Entity Title	Association Type (i.e. POA, Trustee)	SSN or Tax ID	Date of Birth
Street Address (Cannot be a P.O. Box)	City	State	Zip
Home Phone	Business Phone	Fax Number	
Occupation, Employer, Position and Years Employed (If retired, provide former occupation)			

Is this person politically exposed? Yes No

Rule 144: Is this person or a member of their immediate family a director, policy-making officer or 10% stockholder in any publicly traded company?

 Yes No If yes, indicate Ticker Symbol, Cusip or Company Name: _____**Person #2** Individual **OR** Non-Individual (Please check one)

Name or Entity Title	Association Type (i.e. POA, Trustee)	SSN or Tax ID	Date of Birth
Street Address (Cannot be a P.O. Box)	City	State	Zip
Home Phone	Business Phone	Fax Number	
Occupation, Employer, Position and Years Employed (If retired, provide former occupation)			

Is this person politically exposed? Yes No

Rule 144: Is this person or a member of their immediate family a director, policy-making officer or 10% stockholder in any publicly traded company?

 Yes No If yes, indicate Ticker Symbol, Cusip or Company Name: _____

Please complete all applicable fields in full. If you have any questions about this or any form, please contact your financial advisor.

- **Household Mailing Address and Financial Information**

Please complete the mailing address field. If the mailing address is a PO Box, please complete the legal address (cannot be a PO Box). For the financial information, please select the corresponding income and tax bracket that closely matches your own, and indicate where your funds will come from.

- **Account Owner (A) and (B)**

Please complete all fields in this section. If retired, please complete Occupation, Employer, and Years employed based on the former occupation.

Rule 144: If you or a member of your immediate family is a director, policy-making officer, or 10% stockholder in ANY publicly traded company, please be sure to indicate the ticker symbol, CUSIP, or Company Name.

FINRA: If you or a member of your immediate family is associated with Wells Fargo Advisors or any other FINRA member firm, please be sure to check the appropriate box.

"Politically Exposed Person" is defined as follows:

- (i) A senior official in the executive, legislative, administrative, military, or judicial, branches of a foreign ("non-US") government, a senior official of a major foreign political party, or a senior executive of a foreign government owned corporation;
- (ii) A corporation, business, trust or other entity that has been formed by, or for the benefit of, any senior foreign political official;
- (iii) An immediate family member of any such individual;
- (iv) A "close associate" of a senior foreign political figure who is widely and publicly known (or is actually known by the relevant covered financial institution) to maintain an unusually close relationship with any such individual, including a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.

FA Relationship: If the client's relationship with the financial advisor is new, a copy of the client's Government ID is needed, and this section must be completed.

- **Account Characteristics**

Please complete all fields in this section for each account within the household.

Risk Tolerance / Investment Objective

Conservative Income: Conservative Income investors seek the maximum amount of income consistent with a modest degree of risk. They are willing to accept a lower level of income in exchange for lower risk. Equities and high yield bonds will typically not be a large percentage of the account.

Conservative Growth: Conservative Growth investors seek maximum growth consistent with a relatively modest degree of risk. They are willing to accept lower potential returns in exchange for lower risk. Equities will typically be a significant portion of the account.

Conservative Growth & Income: Conservative Growth and Income investors seek the maximum growth and income consistent with a relatively modest degree of risk. They are willing to accept lower potential returns in exchange for lower risk. Equities will typically be some percentage of the account, and will typically pay dividends.

Moderate Income: Moderate Income investors seek to balance potential risk with their goal of higher potential income. Equities are typically the primary asset in the account.

Moderate Growth: Moderate Growth investors seek to balance potential risk with their goal of higher potential growth. Equities are typically the primary asset in the account.

Moderate Growth & Income: Moderate Growth and Income investors seek to balance potential risk with higher potential growth and income. Equities are typically a significant portion of the account, and will typically pay dividends.

Long Term Income: Long Term Income investors seek a significant level of income, and due to their long term horizon or other factors, they employ higher risk, more aggressive strategies that may offer higher potential income. Equities and high yield bonds may be significant percentage of the account.

Long Term Growth: Long Term Growth investors seek a significant level of growth, and due to their long-term time horizon or other factors, they employ higher risk, more aggressive strategies that may offer higher potential returns. Equities may be as much as 100% of the account.

Long Term Growth & Income: Long Term Growth and Income investors seek a significant level of growth and income, and their long-term time horizon and/or other factors allow them to pursue higher risk, more aggressive strategies that may offer higher potential returns. Equities are typically the primary asset in the account, and will typically pay dividends.

Trading & Speculation: These investors seek out maximum return through a broad range of investment strategies which may generally involve a high level of risk, including the potential for significant loss of principal.

Features

Please check the appropriate boxes if you currently have, or would like to have any of these account features.

Debit Card and Check Information:

Please complete these sections if you currently have or would like to have check and/or debit cards.

- **Minors**

Please complete this section if you have custodial accounts, 529 plan, or Education IRAs.

- **Retirement Account Beneficiary Information**

Only complete this section if you have retirement accounts. (Traditional IRA, ROTH IRA, Education IRA, SEP, SIMPLE, etc.)

- **Associated Person Information**

This information must be provided for each person associated with your accounts (i.e. POAs, Trustees, Corporate Officers, etc.)

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAFN"), member FINRA/SIPC, and a registered broker-dealer and non-bank affiliate of Wells Fargo and Company. WFAFN uses the trade name Wells Fargo Advisors.