



*Capital Management
& Research*

Winans Investments **New Client Information Form**

	Primary Account Holder	Secondary Account Holder
Full Legal Name		
Social Security Number		
Birth Date		
Residential Address		
Mailing Address		
Email Address		
Home Phone		
Cell Phone		
Occupation		
Employer		
Work Address		
Marital Status		
Number of Dependents		
Trust Information (Complete Trust Documents must be provided)		
Trust Name		Trust Tax ID #
Date of Trust		<input type="checkbox"/> Revocable Living Trust
Grantor		<input type="checkbox"/> Other Trust Type _____
Trustee(s)	<input type="checkbox"/> Trustees Authorized to act independently.	Date of Last Amendment/Restatement

Retirement Plan Information (Complete Plan Documents must be provided)			
Plan Name		Plan Tax ID #	
Plan Date		Send Plan Administrator Duplicate Stmts? <input type="checkbox"/> Yes <input type="checkbox"/> No *Please list contact information on Page 3	
Plan Trustees	<input type="checkbox"/> Trustees authorized to act independently.		
Plan Mailing Address			

Entity Information (Complete Formation Documents must be provided)			
Entity Name		Entity Tax ID #	
Authorized Persons	<input type="checkbox"/> Authorized Persons are authorized to act independently.	Entity Type	<input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit
Entity Mailing Address			

Beneficiary Information Required or N/A			
Beneficiary's Name		Beneficiary's Name	
Birth Date		Birth Date	
Beneficiary's Social Security #		Beneficiary's Social Security #	
Beneficiary Relationship to Client		Beneficiary Relationship to Client	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____ %	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____ %
Beneficiary's Name		Beneficiary's Name	
Birth Date		Birth Date	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____ %	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____ %

For Custodial Accounts Only			
Child's Name		Child's Name	
Child's Birth Date		Child's Birth Date	
Child's Social Security #		Child's Social Security #	
Child's Name		Child's Name	
Child's Birth Date		Child's Birth Date	
Child's Social Security #		Child's Social Security #	

Communication Preference			
Brokerage Firm Statements & Confirmations	<input type="checkbox"/> Paper <input checked="" type="checkbox"/> Electronic Email	Winans Investments Periodic Updates, Announcements, & Newsletters	<input type="checkbox"/> Paper <input checked="" type="checkbox"/> Electronic

OTHER ADVISORS: Please list the advisors who have permission to request and receive financial information directly from WI:

CPA/Accountant		Other/Attorney/Plan Administrator/Spouse Family Member/Trusted Individual	
Name		Name	
Address		Address	
Phone		Phone	
Fax		Fax	
Email		Email	

Winans Investments has my permission to discuss my account information with the above listed advisors.

Signature(s): _____ Signature(s): _____

EMERGENCY CONTACTS: Please list the name and phone number of the individual we should contact in the event of an emergency (someone who isn't necessarily on the account):

Name		Name	
Address		Address	
Phone		Phone	
Fax		Fax	
Email		Email	

Winans Investments has my permission to discuss my account with the above listed emergency contacts if deemed necessary. Winans Investments will inform my emergency contacts if they feel I may be showing signs of dementia or any other behavior that may impact my ability to make a sound financial decision.

Signature(s): _____ Signature(s): _____

Other information you would like to provide to us:

All information provided to Winans Investments will be kept confidential. For more information please request our privacy policy.



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