

# Peelle Wealth Management, LLC

12636 High Bluff Drive  
Suite 400  
San Diego, CA 92130

## Client Profile

Regulations require each Registered Investment Advisor to maintain written information about each advisory Client as a basis for making any recommendation or providing any investment advice. This information is confidential and will only be used by us to help achieve your unique financial goals.

CLIENT 1		
Last Name:	First Name:	MI:
Preferred name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		
Home Address:	City, State, ZIP:	
Home Phone:	Cell Phone:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	Social Security Number:	
Employment Status		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired		
Client Employer:	Occupation:	Annual Salary:
Employer Address:	City, State, ZIP:	
Work Phone:	Fax:	Email:
Verification of Client		
ID Type:	ID#:	
(must be government issued photo ID (e.g. Driver's license))		
Issuer (i.e. State or Government Agency):	Exp. Date:	
Citizenship Country:	Length of time advisor has known investor:	
Are you a 10% shareholder of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company name:	CUSIP:	
Are you or anyone of interest in the account a politically exposed person? (Foreign Political Official) <input type="checkbox"/> Yes <input type="checkbox"/> No		
CLIENT 2		
Last Name:	First Name:	MI:
Preferred name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		
Home Address:	City, State, ZIP:	
Home Phone:	Cell Phone:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth:	Social Security Number:	
Employment Status		
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired		
Client Employer:	Occupation:	Annual Salary:
Employer Address:	City, State, ZIP:	
Work Phone:	Fax:	Email:
Verification of Client		
ID Type:	ID#:	
(must be government issued photo ID (e.g. Driver's license))		
Issuer (i.e. State or Government Agency):	Exp. Date:	
Citizenship Country:	Length of time advisor has known investor:	
Are you a 10% shareholder of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company name:	CUSIP:	
Are you or anyone of interest in the account a politically exposed person? (Foreign Political Official) <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>OWNER &amp; JOINT OWNER</b>	
How was the account acquired: <input type="checkbox"/> Existing client <input type="checkbox"/> Referral <input type="checkbox"/> Unsolicited walk/call in <input type="checkbox"/> Solicited <input type="checkbox"/> Cold call	
Is this a private banking account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this account for a Foreign Financial Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OVERALL RISK TOLERANCE</b>	
Responses provided are for the general intentions of the Client(s). Specific account suitability information will be captured on the client contract for each account managed.	
<b>Risk Tolerance</b>	
<input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive	
<b>Investment Objective</b>	
<input type="checkbox"/> Safety of Principle <input type="checkbox"/> Tax Advantaged <input type="checkbox"/> Income <input type="checkbox"/> Growth <input type="checkbox"/> Speculation	
<b>Investment Horizon</b>	
<input type="checkbox"/> Under 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> 20+ years	
<b>FINANCIAL INFORMATION</b>	
Federal tax bracket: <input type="checkbox"/> 0-15% <input type="checkbox"/> 16-28% <input type="checkbox"/> 29-36% <input type="checkbox"/> 36%+	
Estimated net worth: \$ _____ Liquid net worth: \$ _____ Estimated annual income: \$ _____	
Total Investment Assets: <input type="checkbox"/> Under \$200K <input type="checkbox"/> \$200- 500K <input type="checkbox"/> \$500K-1 Million <input type="checkbox"/> \$1-2 Million <input type="checkbox"/> Over \$ 2Million	
<b>CURRENT INVESTMENTS &amp; EXPERIENCE</b>	
Client owns/has the following:	
<input type="checkbox"/> Mutual funds _____ % _____ years <input type="checkbox"/> CDs/money markets _____ % _____ years	
<input type="checkbox"/> Individual stocks & bonds _____ % _____ years <input type="checkbox"/> Annuities (fixed/variable) _____ % _____ years	
<input type="checkbox"/> Other: _____ - _____ % _____ years	
<b>How do you rate your understanding of your Current Investments?</b>	
<input type="checkbox"/> Little or None <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
<b>How do you rate your understanding of Investments as a Whole?</b>	
<input type="checkbox"/> Little or None <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
<b>Notes:</b>	
<b>ACKNOWLEDGEMENTS</b>	
By signing below, I/we acknowledge the above information is true and accurate to the best of my/our knowledge.	
Client 1 signature:	
Print name:	Date:
Client 2 signature:	
Print name:	Date:

Updated: April 29, 2020