



The O.N. Equity Sales Company Customer Information Form

Complete *either* Section 1 or Section 2

Section 1 New Account (Check all boxes that apply for this Owner)

<input type="checkbox"/> Individual	<input type="checkbox"/> IRA	<input type="checkbox"/> 401(k)	<input type="checkbox"/> 529 Plan*	<input type="checkbox"/> Corporate*
<input type="checkbox"/> Individual TOD	<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> Single(k)	<input type="checkbox"/> Education Savings Account (Ed. IRA)	<input type="checkbox"/> Partnership*
<input type="checkbox"/> Joint	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth 401(k)	<input type="checkbox"/> UGMA/UTMA	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Joint TOD	<input type="checkbox"/> Roth Conversion IRA	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Non-Profit Organization*
	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Roth 403(b)	<input type="checkbox"/> Trust*	<input type="checkbox"/> Institutional*
	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Money Purchase Pension Plan	<input type="checkbox"/> Estate*	* Additional paperwork required
	<input type="checkbox"/> SARSEP IRA	<input type="checkbox"/> Profit Sharing Plan	<input type="checkbox"/> Conservatorship*	
		<input type="checkbox"/> HSA		

Section 2 Account Update

Update all accounts with common ownership; or

Update specific account(s)/policy/contract number(s) _____

Account Registration (Primary Owner)		Account Registration (Joint Owner/Custodian/Trustee)	
Account Name		Account Name	
Date of Birth	Marital Status	Date of Birth	Marital Status
Legal Street Address		Legal Street Address	
Mailing Address (if different)		Mailing Address (if different)	
Social Security or Tax ID#	<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Resident Alien	Social Security or Tax ID#	<input type="checkbox"/> U.S Citizen <input type="checkbox"/> Resident Alien
()	()	()	()
Home Phone Number	Work Phone Number	Home Phone Number	Work Phone Number
USA PATRIOT Act Verification (Primary Owner)		USA PATRIOT Act Verification (Joint Owner/Custodian/Trustee)	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	
ID#	Date Issued	ID#	Date Issued
Date of Expiration	State Issued	Date of Expiration	State Issued
Employment Status (Primary Owner)		Employment Status (Joint Owner/Custodian/Trustee)	
Occupation or current status	How long?	Occupation or current status	How long?
Employer Name		Employer Name	
Employer Address		Employer Address	
Is your employer a member of FINRA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your employer a member of FINRA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Financial Data

A. Annual Income \$ _____
B. Federal Tax Bracket % _____
C. Net Worth \$ _____
D. Liquid Net Worth \$ _____ (exclusive of home, furnishings, auto)

Source of Funds for Account

Current Income Savings CD/Money Market Qualified Plan Distribution Mutual Fund Redemption
 1035 Exchange Insurance Proceeds Other _____

Investment Objective for Account (Choose One):

- | Selection | Definition |
|--|---|
| <input type="checkbox"/> Preservation of Capital | You prefer little risk and low volatility in return for accepting potentially lower returns. Minimizing exposure of principal to loss or fluctuation. |
| <input type="checkbox"/> Income | You seek to generate income from investments and are interested in investments that have historically demonstrated a low degree of risk of loss of principal value. |
| <input type="checkbox"/> Growth and Income | You seek to generate a greater amount of income from your investments and are willing to invest in securities that have historically demonstrated a moderate degree of risk of loss of principal value. |
| <input type="checkbox"/> Growth | You seek to grow the value of your investments over time and are willing to invest in securities that have historically demonstrated a moderate degree of loss of principal value to pursue this objective. |
| <input type="checkbox"/> Speculation | You seek a significant increase in the principal value of your investments and are willing to invest in securities that have historically demonstrated a high degree of risk of loss of principal value to pursue this objective. |

**Risk Tolerance:
(Choose One)**

Low
Medium
High

**Investment Time Horizon:
(Choose One)**

Short Term 1 – 5 years
Intermediate Term 6 – 10 years
Long Term > 10 years

Investment Experience:

I (we) have been investing in securities for _____ years. I (we) have invested in:
 Mutual Funds Real Estate Variable Annuities
 Stocks CDs Precious Metals
 Bonds Options Direct Participation Programs
Other (please describe) _____

Yes No **I will be dependent on income from my investment(s) for current living expenses.**

The O.N. Equity Sales Company

Information Accuracy: Before signing this form, please ensure the information is accurate. This information is reviewed by The O.N. Equity Sales Company to determine the suitability of your investments. Please report any changes to this information to your registered representative promptly, and new forms should be updated no less than every three years.

Important information about procedures for opening a new account or entering into a contract: To help government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or applies for a contract/policy.

What this means for you: When you open an account or apply for a contract/policy, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Client Signature

Date

Client Signature (Joint)

Date

For Firm Use Only

Registered Representative Signature

Date

Registered Representative #2 Signature

Date

Printed Name

Agent #

Printed Name

Agent #

Principal Signature

Date