



## Client Information Organizer

### General & Family Information

Client #1	Client #2
Full Legal Name	
Legal Address *	
Date of Birth	
Social Security Number	
Mother's Maiden Name	
Personal Email Address	
Cell Number	
Home Number	
Home Fax	

Child	Child
Full Legal Name	
Date of Birth	
Social Security Number	
Married? (if yes, please list spouse)	

Child	Child
Full Legal Name	
Date of Birth	
Social Security Number	
Married? (if yes, please list spouse)	

\*If mailing address is different than legal address, please let us know.

**Financial Information**

Source of Wealth:

Estimated Net Worth:

Estimated Net Income:

**Work Information**

**Client #1**

**Client #2**

Employer

Title

Employer Address

Work Phone

Work Fax

Work Email Address

**Preferred Communication**

- Home phone  Cell phone  Personal Email  Work Phone  Work Email

**Client Access to Portfolio**

You will be given access to Altair's private client website via your primary email address where you can access updates on your portfolio and tax documents.

**Documentation and Statements**

Preferred frequency of custodian statements (check which applies):

- Monthly  Quarterly

Preferred method of delivery of custodian statements (check which applies):

- Hard copy  Electronic

**Please provide copies of the following (check those being included):**

- Clear, color copy of your non-expired driver's license (both front and back)
- Clear, color copy of your non-expired passport
- Most recent account statements for assets that we will supervise
  - If your former adviser/broker's address and contact information are not provided on the statement(s), please provide it below:
 

Address	City	State	Zip
Contact Name	Phone	Email	
  - If possible, before your former adviser/broker is notified of termination, please obtain cost-basis information by tax lot in Excel format for your taxable accounts.
- Most recent employer retirement plan statements and investment options such as 401(k), 403(b), and pension plans, if applicable

For the Trusts, LLCs, LPs, Foundations.... etc., that Altair will manage, please provide a fully executed copy of your entities' legal document(s) (including any amendments, trustee reassignments, revisions, etc.)

Trusts, LLCs, LPs, Foundations		
Full Legal Name of Entity	Legal Address for Entity	Tax ID

**Other Advisers**

Estate Planning Attorney

Tax Accountant

Name

\_\_\_\_\_

\_\_\_\_\_

Firm Name

\_\_\_\_\_

\_\_\_\_\_

Firm Address

\_\_\_\_\_

\_\_\_\_\_

Work Phone

\_\_\_\_\_

\_\_\_\_\_

Work Fax

\_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

\_\_\_\_\_

Provide online access to view the Altair portfolio?

Yes     No

Yes     No

Should tax accountant be copied on statements?

Yes     No

Should tax accountant have access to tax documents via Altair's website?

Yes     No

Please provide copies of federal and state income tax returns from prior 2 years. If not readily available, please answer the following:

Were you or do you expect to be in the Alternative Minimum Tax?

Yes     No

Do you have any capital loss carryforwards? If so, what are they?

Yes     No

**Retirement Plan (IRAs, 401(k), Defined Benefit Plans, etc...)**

<b>Account title #1:</b>				
<b>Primary Beneficiaries</b>				
Name	Tax ID #	Date of Birth	Relationship	Share of account (%)
Beneficiary #1:				
Beneficiary #2:				
Beneficiary #3:				
Beneficiary #4:				
<b>Contingent Beneficiaries</b>				
Beneficiary #1:				
Beneficiary #2:				
Beneficiary #3:				
Beneficiary #4:				

<b>Account title #2:</b>				
<b>Primary Beneficiaries</b>				
Name	Tax ID #	Date of Birth	Relationship	Share of account (%)
Beneficiary #1:				
Beneficiary #2:				
Beneficiary #3:				
Beneficiary #4:				
<b>Contingent Beneficiaries</b>				
Beneficiary #1:				
Beneficiary #2:				
Beneficiary #3:				
Beneficiary #4:				

## Standing Wire Instructions

If applicable, please provide the information below to set up wire instructions to any of your checking or savings accounts to which funds would be transferred in the future.

Circle One Account Type →	Checking or Savings #1	Checking or Savings #2
Financial Institution Name		
Financial Institution Address		
Financial Institution Phone #		
ABA/Routing #		
Master Account #		
For the benefit of Account Name		
For the benefit of Account #		

