

Sample Form

New Account App

Rep Name

Rep #

Donald H. Yeung

Account Registration

☐ Individual ☐ UGMA ☐ Corporation ☐ Trust
☐ Joint ☐ UTMA ☐ Partnership ☐ Other

B/D Confirmation # _____

Account Owner

Name _____ Citizenship _____
Address _____
City, State and Zip Code _____
DOB _____ Social Security # _____
Day telephone _____ Evening telephone _____
Legal address (if different from above) _____
City, State and ZIP Code _____
E-mail _____

Joint Owner

Name _____ Citizenship _____
Address _____
City, State and Zip Code _____
DOB _____ Social Security # _____
Day telephone _____ Evening telephone _____

UGMA / UTMA

Custodian

Name _____ Citizenship _____
Address _____
City, State and Zip Code _____
DOB _____ Social Security # _____
Day telephone _____ Evening telephone _____

Minor

Name _____
Address _____
City, State and Zip Code _____
DOB _____ Social Security # _____

Corporate / Partnership

Entity Name _____
Contact Person Name _____
Address _____
City, State and Zip Code _____
Day telephone _____ FAX _____ Tax I.D. # _____
E-mail _____

Trust

Name of Trust _____
Date of Trust _____ Tax I.D. # _____
Trustee Name _____
Address _____
City, State and Zip Code _____
DOB _____ Social Security # _____ Home Phone _____

Employment Info

Employer _____
Business Address _____
City, State and Zip Code _____
Occupation _____

Joint Employer _____
Business Address _____
City, State and Zip Code _____
Occupation _____

Personal Data

Client ID # _____ Jurisdiction _____ Issue Date _____ Exp Date _____

Spouse ID # _____ Jurisdiction _____ Issue Date _____ Exp Date _____

Marital Status *(Please circle one)* **M** **S** **D** **W** Risk Tolerance _____

Bank Information

Bank Name _____
Bank Address _____
City, State and Zip Code _____
Bank ABA# _____ Bank Account# _____

Beneficiary Info

Primary Beneficiary

Last Name _____ First Name _____ MI _____
Relationship _____ Date of Birth _____
SSN _____ Percentage _____ %
Address _____

Secondary Beneficiary

Last Name _____ First Name _____ MI _____
Relationship _____ Date of Birth _____
SSN _____ Percentage _____ %
Address _____

Investment

| | <i>Fund Class</i> | <i>Amount</i> |
|---------------------------|--|--------------------|
| All American Generic Fund | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | _____ |
| World Class Generic Fund | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | _____ |
| | | <i>Total</i> _____ |

Notes

Financial Advisor

Name Donald H. Yeung Phone Number _____
Address 1 foothill blvd c d Ste. 10 Diamond Bar CA 91786 Rep # _____
Branch _____ Broker # _____
Broker / Dealer _____ Phone Number _____
Address _____

Client Signature X _____ Rep Signature X _____