

FPR Investments LLC

Company/Entity Ownership Client Profile Form

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.

ACCOUNT TYPE		
Corporation <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Non-Profit <input type="checkbox"/> Profit Sharing	Limited Liability Company <input type="checkbox"/> Single Member LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Family Limited Partnership <input type="checkbox"/> Series LLC <input type="checkbox"/> Restricted LLC <input type="checkbox"/> Member-Managed LLC	Other Company Type <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> 401k <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust
<input type="checkbox"/> Other (if not listed above):		
ACCOUNT TITLE (Please attach Corp. Resolution and/or Certification of Investment Powers, Plan Documentation, Articles of Inc., etc.)		
Account Title/First & Last Name/Company Name (please print):		
Social Security Number/TIN:		
Legal Address:	City, State, ZIP:	
Mailing Address:	City, State, ZIP:	
OWNER/TRUSTEE/AUTHORIZED PERSON(S) INFORMATION		
Last Name:	First Name:	MI:
Preferred Name:	Date of Birth:	Social Security Number:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Home Address:	City, State, ZIP:	
Phone:	Email:	
VERIFICATION OF OWNER/TRUSTEE/AUTHORIZED PERSON(S)		
Length of time advisor has known investor:		
ID Type:	(must be government issued photo ID (e.g. Driver's license))	
ID#	Issuer (i.e. State or Government Agency):	
Exp. Date:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Country:
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		
JOINT OWNER/CO-TRUSTEE/AUTHORIZED PERSON(S)		
Last Name:	First Name:	MI:
Preferred Name:	Date of Birth:	Social Security Number:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Home Address:	City, State, ZIP:	
Phone:	Email:	

VERIFICATION OF OWNER/TRUSTEE/AUTHORIZED PERSON(S)			
Length of time advisor has known investor:			
ID Type:		(must be government issued photo ID (e.g.Driver's license))	
ID#		Issuer (i.e. State or Government Agency):	
Exp. Date:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Country:	
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			
ADDITIONAL INFORMATION			
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	<input type="checkbox"/> Other: _____	
RISK TOLERANCE			
<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Moderate	
<input type="checkbox"/> Moderately Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Other: _____	
PRIMARY INVESTMENT OBJECTIVE			
<input type="checkbox"/> Tax Advantaged	<input type="checkbox"/> Current Income	<input type="checkbox"/> Growth	<input type="checkbox"/> Growth & Income
<input type="checkbox"/> Safety of Principal	<input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> Speculation	<input type="checkbox"/> Other: _____
INVESTMENT HORIZON			
<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
NET WORTH AND/OR PLAN TRUST ASSETS			
\$			
Notes:			
ACKNOWLEDGEMENTS			
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:
Advisor Signature:			
Print Name:			Date: